109th Congress, 1st Session - - - - - - - - - - - - - House Document 109–40

FINANCIAL DISCLOSURE
REPORTS
OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES

FOR THE PERIOD BETWEEN

January 1, 2004 and December 31, 2004

COMMUNICATION FROM THE CLERK OF THE HOUSE

TRANSMITTING

THE ANNUAL COMPILATION OF PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND AMENDMENTS THERETO FILED WITH THE CLERK OF THE HOUSE OF REPRESENTATIVES, PURSUANT TO RULE XXVI, CLAUSE 1, OF THE HOUSE RULES

(Volume 1 of 4)

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FINANCIAL DISCLOSURE

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JULY 11, 2005.—Referred to the Committee on Standards of Official Conduct and ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE

22–367 WASHINGTON : 2005

LETTER OF SUBMITTAL

OFFICE OF THE CLERK,
U.S. HOUSE OF REPRESENTATIVES,
Washington, DC, July 7, 2005.

Hon. J. DENNIS HASTERT,
The Speaker, The Capitol,
U.S. House of Representatives, Washington, DC.

DEAR MR. SPEAKER: I hereby submit the annual compilation of personal financial disclosure statements filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended, 5 U.S.C. app. § 101–111 (1994), and the House Rule XXVI.

This compilation contains the personal financial disclosure statements and amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XXVI by May 16, 2005. The compilation includes reported financial transactions which occurred between January 1, 2004 and December 31, 2004.

House Rule XXVI provides that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports filed by Members within the period beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

With best wishes, I am

Sincerely,

JEFF TRANDAHL,
Clerk, House of Representatives.

Enclosures.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE C.
2005 MAY 13 PM 3:
U.S. HOUSE OF REPRESENTAT.
(Office Use Only)

Neil Abercrombie
(Full Name)
1502 Longworth Building
(Mailing Address)
Washington, DC 20515
Daytime Telephone: 225-2726

Filer Status: [X] Member of the U.S. House of Representatives — State: ____ District: ____ [ ] Officer or Employee — Employing Office: ____

Report Type: [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Neil Abercrombie	5.13.5

Name Neil Abercrombie | Page I 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Hawaii	legislative pension	25,948.80
	Research Corporation of the University of Hawaii	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

2

Name Neil Abercrombie Page 2 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify, For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC	Examples: Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	Univ. of HI Credit Union Accounts				X											X					X											

For additional assets and unearned income, use next page.

Name Neil Abercrombie | Page 3 of 3

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Nevada State AFL-CIO COPE	June 19-20	Wash DC - Las Vegas NV - Wash DC	Y	N	N	N
	American Sugar Alliance	Aug 7-12	Honolulu - Denver/Vail - Wash DC	Y	Y	Y	N
	Operative Plasterers' and Cement Masons International Assoc.	Aug 16-17	Honolulu HI - Las Vegas - Honolulu HI	Y	N	N	N
	American Crystal Sugar Co.	Nov 30 - Dec 2	Honolulu HI - Fargo ND - Honolulu	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Page 1 of

HAND DELIVERED

2005 MAY 16 AM 11:47

MC

(Office Use Only)

Gary L. Ackerman
(Full Name)

2243 Rayburn Washington, DC 20515
(Mailing Address)

202-225-2601
Daytime Telephone

Filer Status: [x] Member of the U.S. House of Representatives — State: NY District: 05 | [ ] Officer Or Employee — Employing Office:

Report Type: [x] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [x] No [ ]	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [x] No [ ]	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x] No [ ]	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [x]	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [x]	
VI	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes	No [x]
Exemptions--	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes	No [x]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Gary L. Ackerman	05/12/05

SCHEDULE I - EARNED INCOME

Name Gary L. Ackerman

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Pride of Judea Mental Health Center/Jewish Board of Family and Children's Services	Spouse Compensation	N/A
Spouse Private Practice/Consulting	Spouse Compensation	N/A

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name Gary L. Ackerman

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
The Connell Company	Speech	March 26, 2004	$2,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary L. Ackerman

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Tribco, LLC (newspaper company), Flushing, NY	$250,001 - $500,000	CAPITAL GAINS	$15,001 - $50,000	
IRA--Nationwide	$15,001 - $50,000	N/A	N/A	
IRA--Nationwide	$15,001 - $50,000	N/A	N/A	
IRA--Family Management Corp.	$15,001 - $50,000	N/A	N/A	
Melrose Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	
Citibank (various)	$1 - $1,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary L. Ackerman

	Pershing/Alliance Cash/Money Market Government Account (separate accounts)	$1,001 - $15,000	INTEREST	$1 - $200
	Pershing/Alliance Cash/Money Market Government Account	$1 - $1,000	INTEREST	$1 - $200
	Pershing/Alliance Cash/Money Market Government Account	$1,001 - $15,000	INTEREST	$1 - $200
	Congressional Federal Credit Union	$1 - $1,000	INTEREST	$1 - $200
	Sonus Networks, Inc. Stock	$1,001 - $15,000	CAPITAL GAINS/INTERES T/DIVIDENDS	NONE
	Calamos Market & Neutral Fund Class A	$1,001 - $15,000	CAPITAL GAINS/INTERES T/DIVIDENDS	$201 - $1,000
	Oppenheimer Main St. Income & Growth C	$1,001 - $15,000	CAPITAL GAINS/INTERES T/DIVIDENDS	$1 - $200
	Seligman Frontier Fund, Class D	$1,001 - $15,000	CAPITAL GAINS/INTERES T/DIVIDENDS	NONE
	Pimco Real Return Fd Cl D	$15,001 - $50,000	CAPITAL GAINS	$1,001 - $2,500
	Merger Fund	$15,001 - $50,000	CAPITAL GAINS/INTERES T/DIVIDENDS	$201 - $1,000
	Xenonics Options	$500,001 - $1,000,000	CAPITAL GAINS	NONE
	Fidelity Magellan	$1,001 - $15,000	CAPITAL GAINS/DIVIDEN DS	$1 - $200

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Gary L. Ackerman

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Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Chinese International Economic Cooperation Association	Jan 11-15, 2004	NYC--Taiwan--NYC	Y	Y	N	N/A
New York Stock Exchange	Jan. 29-30, 2004	New York (no intercity travel expenses)	Y	Y	N	N/A

SCHEDULE VIII - POSITIONS

Name Gary L. Ackerman

Page 7 of 7

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors (unpaid)	Tribco LLC

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RECORDS AND REPORTS
2005 MAY 13 PM 5:18
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

ROBERT BROWN ADERHOLT
(Full Name)

POST OFFICE BOX 323
HALEYVILLE, ALABAMA 35565-0323
(Mailing Address)

(202) 225-4876
Daytime Telephone

Filer Status [X] Member of the U.S. House of Representatives — State: ALABAMA District: 4TH [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date:

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V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert B. Aderholt	5/13/05

SCHEDULE I — EARNED INCOME

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Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
N/A		

For payments to charity in lieu of honoraria, use Schedule II.

Name ROBERT BROWN ADERHOLT	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Block A: Asset and/or Income Source		Block B: Value of Asset (A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify. For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000)	Block E: Transaction (P purchased; S sold; E exchanged)
SP	Mega Corp. Stock	E	DIVIDENDS: X	IV: X	P
DC	Simon & Schuster	Indefinite	Other: Royalties		
JT	1st Bank of Paducah, KY accounts	F	INTEREST: X	VI: X	
	60 ACRES LAND-Hoggleridge Haleyville, Alabama	D	Other: Coal Royalties	I: X	
	COMMERCIAL BLDG - Hwy 5 S. Haleyville, Alabama	G	RENT: X	VII: X	
	IRA-Traders & Farmers Bank	C	INTEREST: X	I: N/A	
	IRA-NY Life Securities, Inc	E	DIVIDENDS: X	I: N/A	
	IRA-New York Life Insurance	C	INTEREST: X	I: N/A	
SP	Beaver Dam Farm, Inc.	C	Other: Farm Income	VI: X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT BROWN ADERHOLT

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	65 ACRES LAND - Greenbrier Farms						X													Farm Income	X										
SP	30 ACRES LAND - (1/16 Int)- Huntsville				X										X										X							
	Congressional Fed Cred Un		X													X					X											
SP	Congressional Fed Cred Un		X													X					X											
JT	Community Bank			X												X						X										
	Traders & Farmers Bank			X												X					X											
SP	Traders & Farmers Bank		X													X					X											
DC	Traders & Farmers Bank		X													X					X											
	Common Stock - GlaxoSmith Kline			X										X									X									
	Common Stock - Telefonos De Mexico		X											X								X										
	Common Stock - Prime Cash Series (Fahmestock)			X										X								X										
	Common Stock - Alliance Cap.			X										X							X											
	Common Stock - H&Q Hlthcare			X										X			X						X									
	Common Stock - Ivax Corp.			X										X			X				X											
	Common Stock - VLSI Tech	X															X							X								S
JT	Common Stock - Navistar Int			X										X							X											
JT	Common Stock - Honeywell Int.	X												X			X										X					S
	Common Stock - Ivillage, Inc.	X															X									X						S
	Common Stock - JDS Uniphase Co.	X															X									X						P,S

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SCHEDULE IV — TRANSACTIONS

Name ROBERT BROWN ADELHOLT | Page 6 of 9

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	JDS Uniphase Co.	X			01-05-04		X								
	JDS Uniphase Co.	X			06-18-04		X								
	JDS Uniphase Co.		X		01-16-04		X								
	JDS Uniphase Co.		X		11-30-04		X								
	VLSI Technology (Royal Philips Electronics)		X		10-18-04	X									
JT	Honeywell International		X		12-02-04			X							
	Ivillage, Inc.		X		12-31-04		X								

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

This page may be copied if more space is required.

Name ROBERT BROWN ADERHOLT | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
The Heritage Foundation - Conservative Members Retreat	Jan 21-23	Wash., D.C.-Cambridge, MD, Wash., D.C.	Y	Y	N	N
Birmingham Southern College - Speak to College Alumni Weekend	April 30 - May 1	Wash., D.C.-Birmingham, AL-Wash., D.C.	Y	N	Y	N
The Christian Embassy-Meeting with President of Paraguay	Jun 11-14	Wash., D.C.-Asuncion, Paraguay - Wash., D.C.	Y	Y	N	N
Business Council of Alabama - Speak at Governmental Affairs Conference	Aug 6-8	Panama City, FL-Point Clear, AL-Mobile, AL	Y	N	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
N/A		

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY -4 AM 10: 23

W. TODD AKIN
(Full Name)

305 CONWAY HILL RD.
(Mailing Address)

ST. LOUIS, MO. 63141

Daytime Telephone: 314 434-7948

HAND DELIVERED
MC (Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: ____ District: ____	[ ] Officer or Employee — Employing Office ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4 §104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	W. Todd Akin	MAY ,05

Name W. TODD AKIN | Page 2 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction
SP	Mega Corp. Stock					X								X									X									P
DC	Examples. Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	MERRILL LYNCH RETIREMENT ANNUITY – QUALITY EQUITY				X															ANNUITY	X											
	IRA – AIM WEINGARTEN			X																	X											
SP	IRA – AIM WEINGARTEN			X																	X											
JT	EASTMAN KODAK			X																	X											S
JT	CHEVRON TEXICO			X										X																		S
JT	DU PONT GIDE NEMOURS			X										X									X									P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name W. TODD AKIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S
JT	GENERAL ELECTRIC			X										X									X									
JT	GENERAL MOTORS			X										X									X									
JT	GOODYEAR TIRE + RUBBER				X									X							X											
JT	HONEYWELL			X										X									X									S
JT	INTERNATIONAL PAPER			X										X									X									
JT	JP MORGAN CHASE			X										X									X									
JT	MERCK			X										X									X									P
JT	SBC COMM			X										X									X									
JT	BRISTOL-MYERS SQUIBB			X										X								X										P
JT	LSI LOGIC CORP.			X										X							X											P
JT	NOKIA CORP.			X										X								X										P
JT	VERIZON COMM.			X										X								X										P
	ROTH IRA - SCUDDER			X										X									X									
SP	ROTH IRA - SCUDDER			X										X									X									
DC	ATT WIRELESS			X										X								X										S
DC	ALTRIA GROUP			X										X								X										
DC	DUPONT EI DE NEMOURS			X										X								X										P
DC	GOODYEAR TIRE			X										X							X											
DC	HONEYWELL			X										X								X										S
DC	JP MORGAN CHASE			X										X								X										
DC	MERCK			X										X								X										P

This page may be copied if more space is required.

Name W. TODD AKIN | Page 4 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
JT	EASTMAN KODAK		X		1/20/04	X									
JT	CHEVRON TEXICO		X		7/29/04	X									
JT	HONEYWELL		X		7/29/04	X									
JT	BRISTOL-MYERS SQUIBB	X			7/29/04	X									
JT	LSI LOGIC	X			7/29/04	X									
JT	NOKIA CORP.	X			7/29/04	X									
JT	VERIZON	X			7/29/04	X									
DC	AT WIRELESS		X		10/27/04	X									
JT	MERCK	X			11/18/04 7/29/04		X								
DC	MERCK	X			1/20/04 11/18/04	X									
DC	KODAK		X		1/20/04	X									
JT	DU PONT EIDE NEMOURS	X			7/29/04	X									

This page may be copied if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Inayat Begum Foundation	Jan. 4-8	Wash., DC - Pakistan - India	Y	Y	Y	N
	Jubilee Campaign USA	Jan. 9-14	- India - Washington, DC	Y	Y	Y	1 day
	Heritage Foundation	Jan 21-23	Wash., DC - Cambridge, MD - DC	Y	Y	N	N
	The Club for Growth, PAC	Feb. 20-22	St. Louis - West Palm Beach - St. Louis	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 12 PM 3:51
U.S. HOUSE OF REPRESENTATIVES (Office Use Only) MC

Rodney McKinnie Alexander
(Full Name)

P.O. Box 368 (319 Nancy's Road)
(Mailing Address)

318-243-7810
Daytime Telephone

Quitman, LA 71268

Filer Status	☒ Member of the U.S. House of Representatives — State Louisiana District: 05	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Rodney Alexander	May 10, 2005

Name Rodney M. Alexander | Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Louisiana Tech University	Spouse Salary (Jan - Mar 2004)	NA
University of Louisiana at Monroe	Spouse Salary (Apr - Nov 2004)	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Rodney M. Alexander | Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in this account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify, For Example, Partnership Income or Farm Income)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT — *Examples:* SP: Mega Corp Stock		X	X	X	P
Examples: Simon & Schuster		Indefinite	Royalties	X	
Examples: 1st Bank of Paducah, KY accounts		X	X	X	
SP Residential Property 732 Pierremont Shreveport, La.		X	X	X	
JT Anadarko Royalties from the mineral lease on my home property. Funds received are from harvesting of gas.		Indefinite	Royalties	X	

For additional assets and unearned income, use next page.

Name Rodney M. Alexander | Page 4 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St. Dover, Del.				X						
SP	First National Bank, Benton, LA	Mortgage on 723 Pierremont Shreveport, LA			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RECORDS CENTER
2005 MAY 13 PM 12:49
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

THOMAS H. ALLEN
(Full Name)

17 FAIRMOUNT ST.
PORTLAND ME 04103
(Mailing Address)

Daytime Telephone: 202-225-6116

Filer Status	[X] Member of the U.S. House of Representatives — State: ME District: 1	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Thomas H. Allen	May 12, 2005

Name THOMAS H. ALLEN | Page 2 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S) or exchanged (E) in reporting year.

	Block A	Block B	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP.	Examples	SP Mega Corp. Stock					X								X										X								P
DC.		Simon & Schuster			Indefinite																Royalties									X			
JT		1st Bank of Paducah KY accounts						X									X										X						
JT		UBS FINANCIAL SERVICES ACC'T					X										X							X									
JT		AMER. FUNDS WORLD GROWTH INC CL A				X									X			X						X									
JT		AMER FUNDS AMER. BALANCED CL A				X									X			X						X									
JT		AMER FUNDS AMER. MUTUAL CL A				X									X			X						X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name THOMAS H. ALLEN

Page 3 of 6

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	
	UBS INHERITED IRA	E	INTEREST	IV	
	- US TREAS. NOTE (5.75% - 11/15/05)	C	INTEREST	III	
	- US TREAS. NOTE (5.625% - 2/15/06)	C	INTEREST	III	
	- AMER FUNDS CAPITAL WORLD G+INC QA	C	DIVIDENDS	II	
	- AMER FUNDS AMER BALD F. CL-A	C	DIVIDENDS	II	
	- AMER FUNDS AMER MUTUAL CL-A	C	DIVIDENDS	II	
	DRUMMOND WOODSUM PSP				
	- FED INTERM CORP BOND	F	N/A	N/A	
	- VANGUARD 500 INDEX	F	N/A	N/A	
	- FID ADV EQUITY GROWTH	D	N/A	N/A	
	ICMA RETIREMENT CORP	C	N/A	N/A	
	245 COMMERCIAL ST PORTLAND ME 5.897% INTEREST IN R.E.	F	PARTNERSHIP	I	

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SCHEDULE IV — TRANSACTIONS

Name THOMAS H. ALLEN | Page 4 of 6

SP DC JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO.DAY.YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-04		X								
	U.S. TREASURY BILL 3/4/04		X		3/4/04		X								

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Name THOMAS H. ALLEN | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	BANGOR SAVINGS BANK	MORTGAGE ON 245 COMMERCIAL ST PORTLAND ME				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash. D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	JFK SCHOOL/COMMONWEALTH FUND	2/15 – 2/17 2004	PORTLAND – FT. LAUDERDALE – PORTLAND	Y	Y	N	N
	ASPEN INSTITUTE	6/27 – 7/2 2004	PORTLAND – LAUSANNE (SWITZ) – PORTLAND	Y	Y	Y	N
	AMER. SHIPBUILDING ASS'N	11/30 – 12/2 2004	PORTLAND – FT MYERS – PORTLAND	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

(Office Use Only)

Robert E. Andrews
(Full Name)

215 Fourth Avenue Haddon Heights, NJ 08035
(Mailing Address)

856-546-5100
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representative — State: NJ District 01 — ☐ Officer Or Employee — Employing Office

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☑ No ☐
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert E. Andrews	5/13/05

SCHEDULE I - EARNED INCOME

Name Robert E. Andrews

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Rutgers Law School	Spouse Salry	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert E. Andrews

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Olive B. Andrews Testamentary Trust (50%) remainder interest in Life Estate. NOTE: This trust was not created by the reported individual and the reporting individudal has no specific knowledge of the holdings of the trust	$15,001 - $50,000	EXCEPTED TRUST	NONE	
JT	Citizens Bank Checking Account	$1,001 - $15,000	INTEREST	$201 - $1,000	
JT	PNC National Bank Checking	$50,001 - $100,000	INTEREST	$201 - $1,000	
SP	Stock - Verizon	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert E. Andrews

SP	Stock- PEPCO	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	Dean Witter Money Market Fund	$15,001 - $50,000	INTEREST	$201 - $1,000	
JT	Morgan Stanley Dean Witter Money Market Fund	$15,001 - $50,000	INTEREST	$1,001 - $2,500	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Robert E. Andrews

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
The Aspen Institute	Feb. 17-22	Phila., PA -- Cancun, Mexico -- Phila., PA	Y	Y	Y	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
ATIVE RESOURCE CENTE
2005 MAY 16 PM 12:48
HC
Office Use Only

JOE BACA
Name

1850 N. MAGNOLIA
RIALTO CA 92376
(Mailing Address)

202-225-6161
909-895-2222
Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State CA District 43RD; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g. salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e. aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [X] No [ ]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Joe Baca	5-15-05

Name JOE BACA	Page 2 of 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	RIALTO UNIFIED SCHOOL DISTRICT	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOE BACA | Page 3 of 3

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	i None; ii $1 – $200; iii $201 – $1,000; iv $1,001 – $2,500; v $2,501 – $5,000; vi $5,001 – $15,000; vii $15,001 – $50,000; viii $50,001 – $100,000; ix $100,001 – $1,000,000; x $1,000,001 – $5,000,000; xi Over $5,000,000	P, S, or E
SP	SP Mega Corp. Stock	X	X	X	P
DC	Simon & Schuster	Indefinite		X	
JT	1st Bank of Paducah, KY accounts	X	X	X	
	GTE/Verizon	X	X	X	
	PERS Retirement System	X	PENSION	N/A	
	STRS State Ret. Teachers	X	PENSION	N/A	
	American Nat'l Ins. Co.	X	IRA	N/A	

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 6:19

HC

(Office Use Only)

Spencer T. Bachus, III
(Full Name)

442 Cannon Building, Washington, DC 20515
(Mailing Address)

202-225-4921
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: Alabama District: Sixth	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	X [signature]	5/16/05

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$2,000
	State of Maryland	Legislative Pension	$[illegible]
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	N/A
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
Diageo, North America, Washington, DC	Challenge	3/9/04	
To South Highland Center, Birmingham, AL			$500
TO Foundation to Eradicate Duchenne			$500
Elaine Van Cleave, Birmingham, AL	Speech	10/18/04	
TO Bread for the World, Washington, DC			$50

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Name Spencer T. Bachus, III | Page 1 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide "full" names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S) or exchanged (E) in reporting year

Block A	Block B	Block C	Block D	Block E
	A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	
SP Mega Corp. Stock	E	DIVIDENDS: X	IV: X	P
DC, JT Examples: Simon & Schuster	C (Indefinite)	Other: Royalties		
JT 1st Bank of Paducah KY accounts	F	INTEREST: X	VI: X	
Congressional Fed Cr Union	C	INTEREST: X	II: X	
Fidelity Investments	C	INTEREST: X	II: X	
4821 12th Avenue North Birmingham, Alabama	E	RENT: X	IV: X	
2025 16th Avenue North Birmingham, Alabama	E	RENT: X	IV: X	
3939 29th Place North Birmingham, Alabama	E	RENT: X	IV: X	
2351 Rocky Ridge Road Birmingham, Alabama	F	RENT: X	VI: X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Spencer T. Bachus, III

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
	Put Amazon.Com Feb 50	X															X									X						P,S
	Put Amazon.Com May 47½	X															X						X									P,S
	Call Burl Northern Sep 3	X															X				X											P,S
	Call Netlease.Com Mar 50	X															X								X							P,S
	Put ResearchInMon Mar 100	X															X							X								P,S
	Call SW Airlines Apr 1	X															X								X							P,S
SP	CitiBank Nevada		X													X					X											E
SP	CitiBank FSB		X													X					X											E
SP	CitiBank INA		X													X					X											E
SP	Agrium, Inc. Pfd.					X										X									X							
SP	Colonial Ppty Trust				X									X									X									P,S
SP	CG Cap Govt MoneyInvest		X											X							X											P,S
SP	CG Cap Core Fixed Inc.			X										X									X									P,S
SP	CG Cap Lge Cap Value Invest			X										X									X									P,S
SP	CG Cap Sm Cap Value Invest			X										X			X							X								P,S
SP	SG Cap MultiStrategy Mkts			X										X			X						X									P,S
SP	CG Cap Hi Yield Invest				X									X									X									P,S
SP	CG Cap Emerging Mkts Invest			X										X							X											P,S
SP	CG Cap Intl Equity Invest			X										X									X									P,S
SP	CG Cap Hi Inc. Fnd CL B						X							X											X							P,S
SP	CG Cap Diverstrat Inc. Fnd						X							X												X						P,S
SP	Smith Barney IRA						X							X			X								X							

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Spencer T. Bachus, III

Page 3 of 3

SP DC T	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transactions: T
SP	Southwood Properties							X							X											X						
SP	AmSouth Bank		X													X						X										

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock		X			10–12–04		X								
SP	Smith Barney Citigroup Managed Account Schedule 1 Pages 1-9 Attached		X	X	X	Various			X							
	Put Amazon.Com	Feb 50	X	X		1/13/04 2/11/04		X								
	Put Amazon.Com	May 47½	X	X		4/8/04 4/16/04	X									
	Call Netease.com	Mar 50	X	X		Various 2/27/04	X									
	Put Netease.com	May 55	X	X		4/2/04 4/16/04	X									
	Call Southwest Airlines	Apr 1	X	X		3/11/04 4/2/04	X									
	Call Southwest Airlines	May 1	X	X		4/21/04 5/21/04	X									
	Call Burlington Northern	Jun 3	X	X		4/21/04 6/21/04	X									
	Call Nasdaq 100 TR	Jul 35	X	X		7/16/04 7/19/04	X									
	Call Nasdaq 100 TR	Jul 37	X	X		7/6/04 7/19/04	X									
	Put Nasdaq 100 TR	Feb 35	X	X		12/29/03 2/23/04	X									
	Put Research In Motion (RUP)		X	X		5/25/04 6/21/04	X									
	Call Southwest Airlines	Mar 1	X	X		2/24/04 3/22/04	X									
	Call Southwest Airlines	Mar 1	X	X		3/1/04 3/22/04	X									
	Put Research In Motion	Mar 100	X	X		3/1/04 3/10/04	X									

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name: Spencer T. Bachus, III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,000-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K Over $25,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-04		X							
	Put Taser Intl Apr 10	X	X		4/16/04 4/19/04	X								

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SMITH BARNEY citigroup

Linda H Bachus

2004 Realized Gain/Loss - Detail

Prepared by RANDY JOHNSTON / GREG BURCHELL

As of 01/10/2005

Ph.

Acct.

Description	Symbol/CUSIP	Quantity	Purchase	Cost Basis	Sold	Net Proceeds	Gain/Loss
Short Term							
CG CAPITAL MARKETS-	#TBMU	11.033	2/27/04	91.24	4/30/04	83.30	(7.94)
	#TBMU	11.474	2/27/04	94.89	6/01/04	83.30	(11.59)
	#TEMU	11.427	2/27/04	94.50	7/01/04	83.30	(11.20)
	#TEMU	11.474	2/27/04	94.89	7/30/04	83.30	(11.59)
	#TBMU	10.860	2/27/04	89.81	9/01/04	83.30	(6.51)
	#TBMU	10.134	2/27/04	83.81	10/01/04	83.30	(0.51)
	#TEMU	10.048	2/27/04	83.10	11/01/04	83.30	0.20
	#TEMU	9.204	2/27/04	76.12	12/01/04	83.30	7.18
	#TEMU	8.986	2/27/04	74.31	12/31/04	83.30	8.99
	Totals:	94.640		782.67		749 70	(32.97)
CG CAPITAL MARKETS HIGH YIELD	#THYU	3.118	2/27/04	15.12	4/23/04	15.12	0.00
	#THYU	17.318	2/27/04	83.99	4/30/04	83.30	(0.69)
	#THYU	17.723	2/27/04	85.96	6/01/04	83.30	(2.66)
	#THYU	17.574	2/27/04	85.23	7/01/04	83.30	(1.93)
	#THYU	17.500	2/27/04	84.88	7/30/04	83.30	(1.58)
	#THYU	17.282	2/27/04	83.82	9/01/04	83.30	(0.52)
	#THYU	17.140	2/27/04	83.13	10/01/04	83.30	0.17
	#THYU	16.931	2/27/04	82.12	11/01/04	83.30	1.18
	#THYU	16.897	2/27/04	81.95	12/01/04	83.30	1.35

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2004 Realized Gain/Loss - Detail

Prepared by RANDY JOHNSTON / GREG BURCHELL

As of 01/10/2005

Ph.

Acct.

Description	Symbol/CUSIP	Quantity	Purchase	Cost Basis	Sold	Net Proceeds	Gain/Loss
	#THYU	16.897	2/27/04	81.95	12/31/04	83.30	1.35
	Totals:	158.380		768.15		764.82	(3.33)
CO CAPITAL MARKETS-	#TIEU	16.387	2/27/04	154.53	4/30/04	149.94	(4.59)
	#TIEU	16.387	2/27/04	154.53	6/01/04	149.94	(4.59)
	#TIEU	16.036	2/27/04	151.22	7/01/04	149.94	(1.28)
	#TIEU	16.568	2/27/04	156.24	7/30/04	149.94	(6.30)
	#TIEU	16.586	2/27/04	156.41	9/01/04	149.94	(6.47)
	#TIEU	15.934	2/27/04	150.26	10/01/04	149.94	(0.32)
	#TIEU	15.619	2/27/04	147.29	11/01/04	149.94	2.65
	#TIEU	14.557	2/27/04	137.27	12/01/04	149.94	12.67
	#TIEU	14.307	2/27/04	134.91	12/31/04	149.94	15.03
	Totals:	142.381		1,342.66		1,349.46	6.80
CO CAPITAL MARKETS-	#TIIU	12.250	2/27/04	102.16	4/30/04	99.96	(2.20)
	#TIIU	12.356	2/27/04	103.05	6/01/04	99.96	(3.09)
	#TIIU	12.265	2/27/04	102.29	7/01/04	99.96	(2.33)
	#TIIU	12.220	2/27/04	101.91	7/30/04	99.96	(1.95)
	#TIIU	12.014	2/27/04	100.20	9/01/04	99.96	(0.24)
	#TIIU	12.029	2/27/04	100.32	10/01/04	99.96	(0.36)
	#TIIU	11.971	2/27/04	99.84	11/01/04	99.96	0.12
	#TIIU	12.072	2/27/04	100.68	12/01/04	99.96	(0.72)

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Linda H Bachus

2004 Realized Gain/Loss - Detail

Prepared by RANDY JOHNSTON / GREG BURCHELL

As of 01/10/2005

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Acct.

Description	Symbol/CUSIP#	Quantity	Purchase	Cost Basis	Sale	Net Proceeds	Gain/Loss
	#TIIU	12.014	2/27/04	100.20	12/31/04	99.96	(0.24)
	Totals:	109.191		910.65		899.64	(11.01)
CG CAPITAL MARKETS-	#TLGU	40.127	2/27/04	459.05	4/30/04	449.82	(9.23)
	#TLGU	38.979	2/27/04	445.92	6/01/04	449.82	3.90
	#TLGU	38.979	2/27/04	445.92	7/01/04	449.82	3.90
	#TLGU	41.230	2/27/04	471.67	7/30/04	449.82	(21.85)
	#TLGU	41.344	2/27/04	472.98	9/01/04	449.82	(23.16)
	#TLGU	39.772	2/27/04	454.99	10/01/04	449.82	(5.17)
	#TLGU	39.702	2/27/04	454.19	11/01/04	449.82	(4.37)
	#TLGU	37.206	2/27/04	425.64	12/01/04	449.82	24.18
	#TLGU	36.571	2/27/04	418.37	12/31/04	449.82	31.45
	Totals:	353.910		4,048.73		4,048.38	(0.35)
CG CAPITAL MARKETS-	#TLVU	45.574	2/27/04	468.96	4/30/04	449.82	(19.14)
	#TLVU	45.117	2/27/04	464.25	6/01/04	449.82	(14.43)
	#TLVU	44.317	2/27/04	456.02	7/01/04	449.82	(6.20)
	#TLVU	45.117	2/27/04	464.25	7/30/04	449.82	(14.43)
	#TLVU	44.847	2/27/04	461.48	9/01/04	449.82	(11.66)
	#TLVU	43.629	2/27/04	448.94	10/01/04	449.82	0.88
	#TLVU	43.545	2/27/04	448.08	11/01/04	449.82	1.74
	#TLVU	41.005	2/27/04	421.94	12/01/04	449.82	27.88

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Linda H Bachus

2004 Realized Gain/Loss - Detail

Prepared by RANDY JOHNSTON / GREG BURCHELL

As of 01/10/2005

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Acct.

Description	Symbol/CUSIP	Quantity	Purchase	Cost Basis	Sold	Net Proceeds	Gain/Loss
	#TLVU	40.745	2/27/04	419.27	12/31/04	449.82	30.55
	Totals:	393.896		4,053.19		4,048.38	(4.81)
CG CAPITAL MARKETS-MULTI	#TMNU	1.307	2/27/04	11.21	4/23/04	11.27	0.06
	#TMNU	0.578	2/27/04	4.96	4/23/04	4.98	0.02
	#TMNU	19.417	2/27/04	166.60	4/30/04	166.60	0.00
	#TMNU	19.508	2/27/04	167.38	6/01/04	166.60	(0.78)
	#TMNU	19.554	2/27/04	167.77	7/01/04	166.60	(1.17)
	#TMNU	19.485	2/27/04	167.18	7/30/04	166.60	(0.58)
	#TMNU	19.372	2/27/04	166.21	9/01/04	166.60	0.39
	#TMNU	19.327	2/27/04	165.83	10/01/04	166.60	0.77
	#TMNU	19.372	2/27/04	166.21	11/01/04	166.60	0.39
	#TMNU	19.305	2/27/04	165.64	12/01/04	166.60	0.96
	#TMNU	19.646	2/27/04	168.56	12/31/04	166.60	(1.96)
	Totals:	176.871		1,517.55		1,515.65	(1.90)
CG CAPITAL MARKETS	#TSGU	340.869	2/27/04	4,608.55	4/23/04	4,693.77	85.22
	#TSGU	300.490	2/27/04	4,062.62	4/23/04	4,137.75	75.13
	#TSGU	232.579	2/27/04	3,144.47	4/23/04	3,202.61	58.14
	#TSGU	11.601	2/27/04	156.85	4/23/04	159.74	2.89
	#TSGU	10.585	2/27/04	143.11	4/23/04	145.76	2.65
	#TSGU	2.583	2/27/04	34.92	4/30/04	33.32	(1.60)

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2004 Realized Gain/Loss - Detail

Prepared by RANDY JOHNSTON / GREG BURCHELL

As of 01/10/2005

Ph.

Acct.

Description	Symbol/CUSIP	Quantity	Purchase	Cost Basis	Sold	Net Proceeds	Gain/Loss
	#TSGU	2.500	2/27/04	33.80	6/01/04	33.32	(0.48)
	#TSGU	2.507	2/27/04	33.89	7/01/04	33.32	(0.57)
	#TSGU	2.676	2/27/04	36.18	7/30/04	33.32	(2.86)
	#TSGU	2.749	2/27/04	37.17	9/01/04	33.32	(3.85)
	#TSGU	2.575	2/27/04	34.81	10/01/04	33.32	(1.49)
	#TSGU	2.561	2/27/04	34.62	11/01/04	33.32	(1.30)
	#TSGU	2.402	2/27/04	32.48	12/01/04	33.32	0.84
	#TSGU	2.350	2/27/04	31.77	12/31/04	33.32	1.55
	Totals:	919.027		12,425.24		12,639.51	214.27
CG CAPITAL MARKETS-	#TSVU	8.023	2/27/04	121.31	4/23/04	122.03	0.72
	#TSVU	8.071	2/27/04	122.03	4/30/04	116.62	(5.41)
	#TSVU	7.874	2/27/04	119.05	6/01/04	116.62	(2.43)
	#TSVU	7.485	2/27/04	113.17	7/01/04	116.62	3.45
	#TSVU	7.713	2/27/04	116.62	7/30/04	116.62	0.00
	#TSVU	7.682	2/27/04	116.15	9/01/04	116.62	0.47
	#TSVU	7.321	2/27/04	110.69	10/01/04	116.62	5.93
	#TSVU	7.452	2/27/04	112.67	11/01/04	116.62	3.95
	#TSVU	6.808	2/27/04	102.94	12/01/04	116.62	13.68
	#TSVU	7.358	2/27/04	111.25	12/31/04	116.62	5.37
	Totals:	75.787		1,145.88		1,171.61	25.73

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Linda H Bachus

2004 Realized Gain/Loss - Detail

Prepared by RANDY JOHNSTON / GREG BURCHELL

As of 01/10/2005

Pt.

Description	Symbol/CUSIP	Quantity	Purchase	Cost Basis	Sold	Sec/Proceeds	Acct. Gain/Loss
Short-Term Realized Gain/Loss:				$20,994.72			$192.43

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Linda H Buchus

2004 Realized Gain/Loss - Detail

Prepared by RANDY JOHNSTON / GREG BURCHELL

As of 01/10/2005

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Acct.

Description	Symbol/CUSIP	Quantity	Purchase	Cost Basis	Sold	Net Proceeds	Gain/Loss
Long Term							
SMITH BARNEY DIVERSIFIED	#DSIPB	227.866	5/03/99	1,781.91	4/30/04	1,531.26	(250.65)
	#DSIPB	20.051	5/03/99	156.80	4/30/04	134.74	(22.06)
	#DSIPB	231.308	5/03/99	1,808.83	6/01/04	1,531.26	(277.57)
	#DSIPB	20.353	5/03/99	159.16	6/01/04	134.74	(24.42)
	#DSIPB	228.888	5/03/99	1,789.90	7/01/04	1,531.26	(258.64)
	#DSIPB	20.141	5/03/99	157.50	7/01/04	134.74	(22.76)
	#DSIPB	227.866	5/03/99	1,781.91	7/30/04	1,531.26	(250.65)
	#DSIPB	20.051	5/03/99	156.80	7/30/04	134.74	(22.06)
	#DSIPB	224.525	5/03/99	1,755.79	9/01/04	1,531.26	(224.53)
	#DSIPB	19.757	5/03/99	154.50	9/01/04	134.74	(19.76)
	#DSIPB	223.542	5/03/99	1,748.10	10/01/04	1,531.26	(216.84)
	#DSIPB	19.670	5/03/99	153.82	10/01/04	134.74	(19.08)
	#DSIPB	221.280	5/03/99	1,730.41	11/01/04	1,531.26	(199.15)
	#DSIPB	19.471	5/03/99	152.26	11/01/04	134.74	(17.52)
	#DSIPB	220.961	5/03/99	1,727.92	12/01/04	1,531.26	(196.66)
	#DSIPB	19.443	5/03/99	152.04	12/01/04	134.74	(17.30)
	#DSIPB	219.064	5/03/99	1,713.08	12/31/04	1,531.26	(181.82)
	#DSIPB	19.276	5/03/99	150.74	12/31/04	134.74	(16.00)
	Totals:	2,203.513		17,231.47		14,994.00	(2,237.47)

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Linda H Peebles

2004 Realized Gain/Loss - Detail

Prepared by RANDY JOHNSTON / GREG BURCHELL

As of 01/10/2005

Ph.

Acct

Description	Symbol/CUSIP	Quantity	Purchased	Cost Basis	Sold	Proceeds	Gain/Loss
SMITH BARNEY HIGH INCOME FUND	#HIBSB	91.083	5/03/99	983.70	4/30/04	628.47	(355.23)
	#HIBSB	29.787	5/03/99	321.70	4/30/04	205.53	(116.17)
	#HIBSB	93.107	5/03/99	1,005.56	6/01/04	628.47	(377.09)
	#HIBSB	30.449	5/03/99	328.85	6/01/04	205.53	(123.32)
	#HIBSB	92.286	5/03/99	996.69	7/01/04	628.47	(368.22)
	#HIBSB	30.181	5/03/99	325.95	7/01/04	205.53	(120.42)
	#HIBSB	92.151	5/03/99	995.23	7/30/04	628.47	(366.76)
	#HIBSB	30.136	5/03/99	325.47	7/30/04	205.53	(119.94)
	#HIBSB	90.951	5/03/99	982.27	9/01/04	628.47	(353.80)
	#HIBSB	29.744	5/03/99	321.24	9/01/04	205.53	(115.71)
	#HIBSB	90.558	5/03/99	978.03	10/01/04	628.47	(349.56)
	#HIBSB	29.615	5/03/99	319.84	10/01/04	205.53	(114.31)
	#HIBSB	89.398	5/03/99	965.50	11/01/04	628.47	(337.03)
	#HIBSB	29.236	5/03/99	315.75	11/01/04	205.53	(110.22)
	#HIBSB	89.145	5/03/99	962.77	12/01/04	628.47	(334.30)
	#HIBSB	29.153	5/03/99	314.85	12/01/04	205.53	(109.32)
	#HIBSB	88.517	5/03/99	955.98	12/31/04	628.47	(327.51)
	#HIBSB	28.943	5/03/99	312.64	12/31/04	205.53	(107.11)
	Totals:	1,084.445		11,712.02		7,506.00	(4,206.02)
Long-Term Realized Gain/Loss				$38,943.49		$[illegible]	($6,443.49)

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SMITH BARNEY citigroup

Linda H Bachus

2004 Realized Gain/Loss - Detail

Prepared by RANDY JOINSTON / GREG BURCHELL

As of 01/10/2005

Ph.

Description	Symbol/CUSIP	Quantity	Purchase	Cost Basis	Sold	Net Proceeds	Acct. Gain/Loss
2004 Short & Long Term Realized Gain/Loss Totals:				**$55,938.21**		**$49,687.15**	**($6,251.06)**

** Gain/Loss is only calculated when an original cost basis is available.

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Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Compass Bank, Birmingham, AL	Mortgage on three rental houses, Birmingham, AL		X								
	Compass Bank, Birmingham, AL	Mortgage 2351 Rocky Ridge Rd Birmingham, AL				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$285
N/A		

Use additional sheets if more space is required.

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Burlington Northern Santa Fe	Jan 14-16	Birminghan, AL to Santa Fe to Solana Beach, CA	Y	Y	N	N
	Association of American RR's	Jan 16-18	LaJolla, CA to Birmingham	Y	Y	N	N
	Faith & Politics Institute	Jan 23-25	Washington - Santa Barbara to Phoenix	Y	Y	Y	N
	American Securitization Forum	Jan 25-27	Scottsdale, AZ to Birmingham, AL	Y	Y	N	N
	Ripon Educational Fund	Oct 29 to Nov 12	Washington - Budapest - Washington	Y	Y	Y	7 Days

This page may be copied if more space is required.

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 16 PM 2:49

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Brian Norton Baird
(Full Name)

1421 Longworth House Office Building Washington, DC 20515
(Mailing Address)

202-225-3536
Daytime Telephone

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representative	State: WA District: 03	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	5/16/05

SCHEDULE I - EARNED INCOME

Name Brian Norton Baird | Page 2 of 11

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
National Institute of Health	Spouse Salary	NA
Population Reference Bureau	Spouse Salary	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Brian Norton Baird

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Congressional Credit Union Checking Account	$1,001 - $15,000		NONE	
	Congressional Credit Union Money Market Account	$1,001 - $15,000		$1 - $200	
	Congressional Credit Union Savings Account	$1 - $1,000		$1 - $200	
	First Independent Bank Checking Account	None		$1 - $200	Closed
	TIAA-CREF	$100,001 - $250,000		NONE	
	Hartford - HAFCX	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Brian Norton Baird

	Davis - NRVCX	$1,001 - $15,000		NONE	
	AIMFDS - Group FD, CL, L	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Wachovia Securities Money Market CLA (Formerly called First Union Money Market)	$1,001 - $15,000	INTEREST	$1 - $200	
	Prentice Hall	Indefinite	Other: book royalties	$15,001 - $50,000	
JT	Apt., 508 Seward Sq., SE Washington, DC 20003	$100,001 - $250,000	RENT	$5,001 - $15,000	
SP	UBS Self-Directed IRA (see below)	None		NONE	
SP	Allied Capital Corporation (part of self-directed IRA)	$15,001 - $50,000		NONE	P
SP	Autozone (part of self-directed IRA)	$15,001 - $50,000		NONE	P
SP	Donaldson Company Inc. (part of self-directed IRA)	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
SP	First Industrial Realty Trust (part of self-directed IRA)	$15,001 - $50,000		NONE	P
SP	Intel (part of self-directed IRA)	$15,001 - $50,000	Cap Gain	$1 - $200	S
SP	NVR Inc (part of self-directed IRA)	$15,001 - $50,000		NONE	P
SP	Polaris Industries (part of self-directed IRA)	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
SP	SEI Investments (part of self-directed IRA)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Brian Norton Baird

SP	Staples Inc (part of self-directed IRA)	$1,001 - $15,000		NONE	P
SP	Starbucks (part of self-directed IRA)	$15,001 - $50,000		NONE	
SP	Universal Forest Products (part of self-directed IRA)	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
SP	Winnebago Industries (part of self-directed IRA)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	UBS Bank USA Money Fund (part of self-directed IRA)	$1,001 - $15,000	INTEREST	$1 - $200	P
SP	UBS Global Allocation Fund (part of self-directed IRA)	$15,001 - $50,000	DIVIDEND	$1 - $200	P
SP	" "	" "	Cap Gain	$201 - $1,000	
SP	Microsoft (part of self-directed IRA)	None	DIVIDEND	$1 - $200	S
SP	Cardinal Health (part of self-directed IRA)	None	Cap Gain	NONE	PS
SP	First Health Group (part of self-directed IRA)	None	Cap Gain	NONE	PS
SP	E-Trade (part of self-directed IRA)	None	Cap Gain	NONE	S
SP	Hewlett Packard (part of self-directed IRA)	None	DIVIDEND	$1 - $200	S
SP	UBS Investment Account (see below)	None		NONE	
SP	Cardinal Health (part of UBS investment account)	None	DIVIDEND	$1 - $200	PS

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Brian Norton Baird

SP	" "	" "	Cap Gain	NONE	
SP	Hewlett Packard	None	DIVIDEND	$1 - $200	S
SP	" "	" "	Cap Gain	NONE	
SP	Donaldson Co Inc (part of UBS investment account)	$1,001 - $15,000	DIVIDEND	$1 - $200	P
SP	First Health Group (part of UBS investment account)	None	Cap Gain	NONE	PS
SP	Microsoft (part of UBS investment account)	$15,001 - $50,000	DIVIDEND	$2,501 - $5,000	S
SP	" "	" "	Cap Gain	$100,001 - $1,000,000	
SP	NVR Inc (part of UBS investment account)	$15,001 - $50,000		NONE	P
SP	Polaris (part of UBS investment account)	$15,001 - $50,000	DIVIDEND	$1 - $200	P
SP	Money Fund (part of UBS investment account)	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Global Allocation Mutual Fund (part of UBS investment account)	$15,001 - $50,000	DIVIDEND	$201 - $1,000	
SP	" "	" "	Cap Gain	$201 - $1,000	
SP	SEI Investments (part of UBS investment account)	$1,001 - $15,000	DIVIDEND	$1 - $200	P
SP	Universal Forest Products (part of UBS investment account)	$15,001 - $50,000	DIVIDEND	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Brian Norton Baird

SP	Winnebago Industries (part of UBS investment account)	$15,001 - $50,000	DIVIDEND	$1 - $200	P
SP	Autozone (part of UBS investment account)	$15,001 - $50,000		NONE	P
SP	Intel (part of UBS investment account)	$15,001 - $50,000	DIVIDEND	$1 - $200	
SP	Allied Capital Corporation (part of UBS investment account)	$15,001 - $50,000	DIVIDEND	$1 - $200	P
SP	Starbucks (part of UBS investment account)	$15,001 - $50,000		NONE	
SP	Staples (part of UBS investment account)	$1,001 - $15,000		NONE	P
SP	CharterMac MLP (part of UBS investment account)	$15,001 - $50,000	DIVIDEND	$1 - $200	P
SP	LLC Growth MLP (part of UBS investment account)	$15,001 - $50,000	DIVIDEND	$1 - $200	P
SP	First Industrial Realty Trust (part of UBS investment account)	$15,001 - $50,000		NONE	P
SP	Bank of America Checking Account	$1,001 - $15,000		NONE	
SP	TIAA-CREF	$50,001 - $100,000		NONE	
SP	Salmon Beach 82 (House) Tacoma, WA	$350,000	RENT	$15,001 - $50,000	

SCHEDULE IV - TRANSACTIONS

Name Brian Norton Baird

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Autozone (part of self-directed IRA)	P	3/23/04	$1,001 - $15,000
SP	Donaldson Company Inc. (part of self-directed IRA)	P	3/23/04	$15,001 - $50,000
SP	First Industrial Realty Trust (part of self-directed IRA)	P	3/23/04	$15,001 - $50,000
SP	Microsoft (part of self-directed IRA)	S	3/23/04	$100,001 - $250,000
SP	Cardinal Health (part of self-directed IRA)	PS	3/23/04 - 12/30/04	$1,001 - $15,000
SP	First Health Group (part of self-directed IRA)	PS	3/23/04 - 12/30/04	$1,001 - $15,000
SP	E-Trade (part of self-directed IRA)	S	3/23/04	$1,001 - $15,000
SP	Hewlett Packard (part of self-directed IRA)	S	3/23/04	$1,001 - $15,000
SP	Intel (part of self-directed IRA)	S	3/23/04	$1,001 - $15,000
SP	NVR Inc (part of self-directed IRA)	P	3/23/04	$1,001 - $15,000
SP	Polaris Industries (part of self-directed IRA)	P	3/23/04	$15,001 - $50,000
SP	SEI Investments (part of self-directed IRA)	P	3/23/04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Brian Norton Baird

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Staples Inc (part of self-directed IRA)	P	3/23/04	$1,001 - $15,000
SP	Universal Forest Products (part of self-directed IRA)	P	3/23/04	$1,001 - $15,000
SP	Winnebago Industries (part of self-directed IRA)	P	3/23/04	$1,001 - $15,000
SP	UBS Bank USA Money Fund (part of self-directed IRA)	P	3/23/04	$1,001 - $15,000
SP	UBS Global Allocation Fund (part of self-directed IRA)	P	3/23/04	$15,001 - $50,000
SP	Cardinal Health (part of UBS investment account)	PS	3/23/04 - 12/30/04	$1,001 - $15,000
SP	Hewlett Packard	S	3/23/04	$1,001 - $15,000
SP	Donaldson Co Inc (part of UBS investment account)	P	3/23/04	$15,001 - $50,000
SP	First Health Group (part of UBS investment account)	PS	3/23/04 - 12/30/04	$1,001 - $15,000
SP	Microsoft (part of UBS investment account)	S	3/23/04	$100,001 - $250,000
SP	NVR Inc (part of UBS investment account)	P	3/23/04	$15,001 - $50,000
SP	Polaris (part of UBS investment account)	P	3/23/04	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Brian Norton Baird

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	SEI Investments (part of UBS investment account)	P	3/23/04	$1,001 - $15,000
SP	Universal Forest Products (part of UBS investment account)	P	3/23/04	$15,001 - $50,000
SP	Winnebago Industries (part of UBS investment account)	P	3/23/04	$1,001 - $15,000
SP	Autozone (part of UBS investment account)	P	3/23/04	$1,001 - $15,000
SP	Allied Capital Corporation (part of UBS investment account)	P	3/23/04	$15,001 - $50,000
SP	Staples (part of UBS investment account)	P	12/30/04	$15,001 - $50,000
SP	CharterMac MLP (part of UBS investment account)	P	3/23/04	$15,001 - $50,000
SP	LLC Growth MLP (part of UBS investment account)	P	3/23/04	$15,001 - $50,000
SP	First Industrial Realty Trust (part of UBS investment account)	P	3/23/04	$15,001 - $50,000
SP	Allied Capital Corporation (part of self-directed IRA)	P	3/23/04	$15,001 - $50,000
	First Independent Bank Checking Account	Close	8/1/04	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Brian Norton Baird

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Homecomings Financial (formerly called Capitol Title)	Mortgage on 508 Seward Sqaure, SE Washington DC	$500,001 - $1,000,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 15 P 5:40

MC

(Office Use Only)

Richard Hugh Baker
(Full Name)

341 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-3901

Filer Status: [X] Member of the U.S. House of Representatives — State Louisiana District 06th — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	D H Baker	5/15/5

Name Richard Hugh Baker | Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	K's Louisiana Market	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

Owner	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P S E
SP	Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah KY accounts						X									X									X							
SP	K's Louisiana Market																				X											
	Scenic Investments				X																X											

For additional assets and unearned income, use next page.

Name Richard Hugh Baker

Page 4 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Hancock Bank, Baton Rouge, Louisiana	Commerical Loan		X								
	MBNA	Business Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Partner	Scenic Investments (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

Name	Richard Hugh Baker	Page 6 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	2 Days
	Federal Home Loan Bank of Seattle	Apr. 6-11	Wash., DC - Kona - BTR	Y	Y	Y	N
	Federal Reserve Bank of Atlanta	Apr. 15-16	BTR - GA/ GA - BTR	Y	Y	N	N

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RICHARD HUGH BAKER
6TH DISTRICT, LOUISIANA

COMMITTEE ON
FINANCIAL SERVICES

CHAIRMAN
SUBCOMMITTEE ON
CAPITAL MARKETS, INSURANCE AND
GOVERNMENT SPONSORED ENTERPRISES

SUBCOMMITTEE ON
FINANCIAL INSTITUTIONS
AND CONSUMER CREDIT

SUBCOMMITTEE ON
HOUSING AND
COMMUNITY OPPORTUNITY

Congress of the United States
House of Representatives
Washington, D.C. 20515–1806

COMMITTEE ON
TRANSPORTATION AND INFRASTURCTURE

SUBCOMMITTEE ON HIGHWAYS
TRANSIT AND PIPELINES

SUBCOMMITTEE ON AVIATION

SUBCOMMITTEE ON
WATER RESOURCES AND ENVIRONMENT

COMMITTEE ON
VETERANS' AFFAIRS

SUBCOMMITTEE ON HEALTH

June 15, 2005

MC

Mr. Jeff Trandahl
Clerk Of The House
H-154, The Capitol
Washington, DC 20515

Dear Mr. Trandahl:

I am writing regarding my 2004 Financial Disclosure statement filed with your office. I inadvertently left off Schedule III - Assets and "Unearned" Income under my spouse the value of the Asset. It should be Letter E ($50,001 - $100,000).

If you will please be sure that this information is recorded on my statement that was filed with your office in May, I would greatly appreciate it.

Thank you for your time and attention to this matter.

HAND DELIVERED

Sincerely,

Richard H. Baker
Member of Congress

RHB\lak

2005 JUN 15 PM 2:36

341 CANNON HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515-1806
(202) 225-3901
(202) 225-7313 (FAX)

5555 HILTON AVENUE
SUITE 100
BATON ROUGE, LA 70808
(225) 929-7711
(225) 929-7688 (FAX)
1-800-892-1253 (LA ONLY)

WWW.BAKER.HOUSE.GOV

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 16 PM 1:57
MC
(Office Use Only)

Tammy Suzanne Green Baldwin
(Full Name)
10 E Doty Street, Suite 405
(Mailing Address)
Madison, WI 53703
Daytime Telephone: 202 225-2906

Filer Status: [X] Member of the U.S. House of Representatives — State: WI District: 2 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tammy Baldwin	May 16, 2005

Name Tammy Baldwin | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

Name Tammy Baldwin | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Tammy Baldwin

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC, JT	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
	D. Green Irrevocable Trust for Tammy Baldwin:						X																		X							
	1) First American Real Estate Securities Fund			X													X															P
	2) First American Equity Income				X									X																		
	3) First American Equity Index Fund			X										X																		
	4) First American Mid Cap Growth Opp Fd				X												X															
	5) First American Short Term Bond Fund					X								X																		P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tammy Baldwin

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	6) First American Intermediate Term Bond Fund				X									X																	P
	7) First American High Income Bond Fund			X										X																	P
	8) First American Prime Oblig			X												X															
	9) First American Inter Govt Bd	X												X																	S
	WI Retirement System				X																N/A										
	Qualified Blind Trust							X											X					X							
JT	Rental Property: 804 Spaight St								X						X											X					
JT	Rental Property: 360 9th St SE Washington DC							X							X											X					
JT	Vanguard Money Market Acct				X									X									X								
JT	WR Hambrecht + Co: Pharmaceut Stock			X										X							X										P
JT	Home Savings Checking Acct			X												X						X									
	10) First American Large Cap Growth Opp F	X												X																	S

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SCHEDULE IV — TRANSACTIONS

Name Tammy Baldwin

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
JT	WT Hambrecht & Co: Planet Out stock	X			10/19/04	X									
	D. Green Irrev. Trust for Tammy Baldwin														
	First American Inter. Govt Bd		X		1/6/04			X							
	First American Short Term Bond Fd	X			1/6/04		X								
	First American Inter Govt Bd		X		8/24/04		X								
	First American Mid Cap Growth Opp Fd		X		8/24/04	X									
	First American Large Cap Growth Opp		X		8/24/04	X									
	First American Short Term Bond Fd	X			8/24/04		X								
	First American Intermed Term Bd Fd	X			8/24/04		X								
	First American Real Estate Secs Fd	X			8/24/04	X									
	First American High Income Bond Fd	X			8/24/04	X									
	First American Large Cap Growth Opp		X		12/7/04	X									
	First American Equity Index Fd	X			12/7/04	X									
	First American Mid Cap Growth Opp Fd	X			12/16/04	X									

This page may be copied if more space is required.

Name Tammy Baldwin | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	GMAC Mortgage Corporation of Appleton, WISCONSIN	mortgage on 809 Spaight St. Madison, WI Rental Property					X					
JT	GMAC Mortgage Corporation of Appleton, Wisconsin	mortgage on 809 Spaight St Madison, WI Rental Property			X							
JT	Principal Residential Mortgage of Des Moines, Iowa	Mortgage on 350 9 St SE Washington DC Rental Property				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Commonwealth Fund	Jan 15-18	Madison, WI - Ft Lauderdale, FL - Madison, WI	Y	Y	Partner: Lauren Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 AM 9:27

(Office Use Only) MC

James Gresham Barrett
(Full Name)

1523 Longworth House Office Bldg. 1-202-225-3301
(Mailing Address) Daytime Telephone

Washington DC 20515

Filer Status	☑ Member of the U.S. House of Representatives — State: SC District: 03	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	J. Gresham Barrett	May 12, 2005

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	School Dist of Oconee County, SC	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Tony Graham Benitt

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S) or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
SP.	SP Mega Corp Stock	X (E)	X DIVIDENDS		P
DC.	Examples	Indefinite			
JT	1st Bank of Paducah, KY accounts	X (F)	X INTEREST		
				Royalties	
JT	Oppenheimer Eq Fund A	X (B)	X DIVIDENDS	X (II)	
SP	Condo, Unit 64, Hilton Mast. V. Has, Phuket Isl. SC	X (G)	X INTEREST	X (I)	S
SP	Bldg. Main St, Westminster SC, map # 530-11-10-005	X (D)	X INTEREST	X (I)	From G.F.

Block B	Block D
A None	I None
B $1 – $1,000	II $1 – $200
C $1,001 – $15,000	III $201 – $1,000
D $15,001 – $50,000	IV $1,001 – $2,500
E $50,001 – $100,000	V $2,501 – $5,000
F $100,001 – $250,000	VI $5,001 – $15,000
G $250,001 – $500,000	VII $15,001 – $50,000
H $500,001 – $1,000,000	VIII $50,001 – $100,000
I $1,000,001 – $5,000,000	IX $100,001 – $1,000,000
J $5,000,001 – $25,000,000	X $1,000,001 – $5,000,000
K $25,000,001 – $50,000,000	XI Over $5,000,000
L Over $50,000,000	

Block C
DIVIDENDS
RENT
INTEREST
CAPITAL GAINS
EXCEPTED TRUST
QUALIFIED BLIND TRUST
Other Type of Income (Specify: For Example: Partnership Income or Farm Income)

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James Graham Barnett

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	SC Retirement Sys				X															Avoid	X											
SP	House/Lot 191 S. Pelzer St, Westminster, SC map # 088-00-01-006						X								X										X							Family Gift
	Land, Westminster, SC map # 098-00-01-018			X																NA	X											Family Gift
DC	House/Lot Westminster, SC map # 530-12-01-033				X															NA	X											Family Gift
SP	House/Lot 241 S Pelzer St, Westminster, SC			X											X										X							Family Gift
JT	Condo, 4514 S. 36 St, A2, Arlington, VA Unit 1397							X							X											X						P
	Bus. Idy / 13.12 Acres, Westminster, SC map # 062-00-01-057				X															NA	X											Family Gift
SP	House/Lot 191 S. Pelzer St, Westminster, SC map # 088-00-01-006						X								X										X							Family Gift

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SCHEDULE IV — TRANSACTIONS

Name James Graham Barrett

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP (Example)	Mega Corporation Common Stock	X			10-12-04		X								
SP	Condo, Unit 64, Heron Marsh Villas, Pawleys Island, SC		X		2-6-04					X					
JT	Condo, 4514 S 36th St., Apt, Arlington, VA	X			2-11-04					X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
SP	County Bank, Greenwood SC	Mort. on Barley's Island, SC Condo			X							
JT	County Bank, Greenwood, SC	Mort. on Arlington VA Condo				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
GENO	JAN 16-20	GNUL.SC - OSLO NORWAY - WASHINGTON, DC	Y	Y	Y	N/A
THE HERITAGE FOUNDATION	JAN 21-23	CAPITOL HILL - CAMBRIDGE MA - CAPITOL HILL	Y	Y	N	N/A
RIPON EDUCATIONAL FUND	NOV 7-12	DULLES INTL - FRANKFURT MUNICH - BUDAPEST - DULLES	Y	Y	Y	N/A
AREVA	NOV 27-DEC 3rd	GNUL.SC - PARIS - GNUL.SC	Y	Y	N	N/A

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 AM 10:48

(Office Use Only) MC

John Jenkins Barrow
(Full Name)

205 C Street SE
(Mailing Address)

Daytime Telephone

Washington DC 20003

Filer Status	[X] Member of the U.S. House of Representatives	State: Georgia Distrct. 12th	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Barrow	5/16/2005

SCHEDULE I — EARNED INCOME

List the source, type and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Winburn, Lewis, Barrow & Stolz, P.C.	Salary-Attorney	32,500
	Athens-Clarke County Unified Government	Salary-County Comm.	12,555
	Animal Eye Care Clinic	Spouse-Self employed	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name John Jenkins Barrow	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb. 2, 2004	$2,000
	XYZ Magazine	Article	Aug. 13, 2004	$500
	N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Jenkins Barrow

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A		Block B: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	Block E: P S E
SP, DC, JT	*Examples*	SP	Mega Corp. Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah KY accounts					X									X									X							
	Winburn, Lewis, Barrow & Stolz, PC 30% interest									X					X							X											
SP	Animal Eye Care Clinic									X											Self-employed	X											
JT	First American Bk & Tr				X												X							X									
SP	First American Bk & Tr				X												X						X										
JT	Bank of America							X									X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Jenkins Barrow

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	SunTrust Bank	F	INTEREST	V	
JT	Wachovia Bank	C	INTEREST	III	
	ICMA Retirement LT Gwth	C	INTEREST	VI	
	Merrill Lynch IRA Cash FdX		INTEREST	II	
	Merrill Lynch Ret Reserves	C	DIVIDENDS	IV	
	San Diego Gas & Elec	C	DIVIDENDS	II	
	DNP Select Fd Inc	C	DIVIDENDS	II	
SP	ML Fidelity Advisor Gwth	C	DIVIDENDS	II	
SP	ML Basis Value Fd	C	DIVIDENDS	II	
SP	SunTrust Bank SEP IRA	F	INTEREST	VI	
SP	Merrill Lynch IRA	C	DIVIDENDS	II	
SP	TIAA Traditional Retirement	D	DIVIDENDS	II	
SP	CREF Stock Retirement	D	DIVIDENDS	V	
SP	158 acres Oglethorpe Co GA	F	RENT	I	
	285 S Pope St Athens GA	E	RENT	VI	
	30% 279 Meigs St Athens GA	G	RENT	I	
SP	1729 S Lumpkin St Athens GA	G	CAPITAL GAINS: Business use	I	
SP	245 Milledge Heights Athens GA	F	CAPITAL GAINS: Residence	I	
SP	990 Lavendar Road Athens GA	H	CAPITAL GAINS: Residence	I	
	205 C St SE Washington DC	H	CAPITAL GAINS: Residence	I	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Jenkins Barrow

SP OC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
SP	Dividend Growth Secutities					X								X										X								
SP	Liquid Asset Fund		X											X								X										
SP	Information Fund B			X										X							X											
SP	Van Kampen Global Val Eq	B		X										X							X											
SP	Oppenheimer Global Fd	B		X										X							X											
SP	Procter & Gamble			X										X								X										
SP	JM Smucker Co		X											X								X										
SP	1st Tr Nanotechnology			X										X								X										
SP	Manhattan Fd Investor				X									X							X											
DC	ML International Equity		X											X								X										
DC	Morgan Keegan Money Mkt			X										X								X										
DC	Idex Jennison Equity Opp				X									X								X										
DC	Thornburg Value Fund				X									X								X										
DC	Morgan Keegan Money Mkt		X											X								X										
DC	Idex Jennison Equity Opp				X									X								X										
DC	Thornburg Value Fund				X									X								X										

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Name John Jenkins Barrow | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	N/A						

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Secretary/Owner	Winburn, Lewis, Barrow & Stolz, PC
Trustee	Pope Barrow Cemetary Trust
Director	Clute Barrow Nelson Life Foundation, Inc. - Resigned 2004
County Commissioner	District 4, Athens-Clareke County GA Unified Government - term ended ~~December 2004~~

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	~~N/A~~	

GPO 2005 98-729 (mac)

Use additional sheets if more space is required.

ROSCOE G. BARTLETT
6TH DISTRICT, MARYLAND

2412 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-2721

GARRETT-ALLEGANY COUNTIES
1-800-[illegible]

HOWARD COUNTY
1-800-705-2385

UNITED STATES
HOUSE OF REPRESENTATIVES

COMMITTEES
ARMED SERVICES
SUBCOMMITTEES
CHAIRMAN
MORALE, WELFARE AND RECREATION PANEL
MILITARY INSTALLATIONS AND FACILITIES
MILITARY RESEARCH AND DEVELOPMENT

SCIENCE
SUBCOMMITTEES
CHAIRMAN
ENERGY
SPACE AND AERONAUTICS

SMALL BUSINESS
SUBCOMMITTEES
REGULATORY REFORM AND OVERSIGHT
RURAL ENTERPRISES, AGRICULTURE, AND TECHNOLOGY

HAND DELIVERED

2005 MAY 16 PM 6:08

May 16, 2005

The Clerk, US House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 20515-6612

MC

To Whom It May Concern:

This letter is to amend the 2003 date on this form to 2004. If you have any questions please feel free to contact Barb Calligan in my office. Thank you for you assistance.

Sincerely,

Roscoe G. Bartlett
Member of Congress

☐ 5811 BUCKEYSTOWN PIKE
SUITE E
FREDERICK, MD 21704
(301) 694-9300

☐ 100 WEST FRANKLIN
HAGERSTOWN, MD 21740
(301) 797-6061

☐ 1 FREDERICK STREET
SUITE 2
CUMBERLAND, MD 21502
(301) 724-3105

☐ 15 EAST MAIN STREET
SUITE 110
WESTMINSTER, MD 21157
(410) 857-1115

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2003

FORM A

For use by Members, officers, and employees

2005 MAY 16 PM 6:08

(Office Use Only)

Roscoe Gardner Bartlett
(Full Name)

4317 Buckeystown Pike Frederick, MD 21702
(Mailing Address)

202-225-2721
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives — State: MD — District: 06 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? Yes ☐ No ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief		5-16-05

SCHEDULE I - EARNED INCOME

Name Roscoe Gardner Bartlett

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Maryland State Retirement System	Pension	$15,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Roscoe Gardner Bartlett

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	house 230 Knoxville, Md. Knoxville, MD	$50,001 - $100,000	none	NONE	
JT	80 acres and home 19067 Three Mile HighwayOnaway,Mi	$50,001 - $100,000	RENT	$1,001 - $2,500	Other: gift to church
JT	4317 Buckeystown Pike	$1,000,001 - $5,000,000	RENT/RENT	$50,001 - $100,000	
JT	Frederick County Bank	$250,001 - $500,000	INTEREST	$5,001 - $15,000	
JT	Precious Metals	$50,001 - $100,000	none	NONE	

JT	153 acres & 2 houses 2 Spruce Knob Lake Forest Service Road Pocahontas County, WV	$100,001 - $250,000	none	NONE
JT	Putnam Bonds	$1,001 - $15,000	INTEREST	$201 - $1,000

III

SCHEDULE IV - TRANSACTIONS

Name Roscoe Gardner Bartlett

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	House & lot 10399 Liberty Road Mt. Pleasant, MD	S	2004	$250,001 - $500,000
JT	80 acres and home 19067 Three Mile HighwayOnaway,Mi	gift	2004	$50,001 - $100,000

INSIDE MAIL

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2003

FORM A
For use by Members, officers, and employees

2005 MAY 23 AM 11:33

MC

Roscoe Gardner Bartlett
(Full Name)

4317 Buckeystown Pike Frederick, MD 21702
(Mailing Address)

202-225-2721
Daytime Telephone

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: MD District: 06	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15) ☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? Yes ☐ No ☑
If yes, complete and attach Schedule VII.

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If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Bartlett	12 May 05

113

SCHEDULE I - EARNED INCOME

Name Roscoe Gardner Bartlett

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Roscoe Gardner Bartlett

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JT	80 acres and home 19067 Three Mile HighwayOnaway,Mi	$50,001 - $100,000	RENT	$1,001 - $2,500	Other: gift to church
JT	4317 Buckeystown Pike	$1,000,001 - $5,000,000	RENT/RENT	$50,001 - $100,000	
JT	Frederick County Bank	$250,001 - $500,000	INTEREST	$5,001 - $15,000	
JT	Precious Metals	$50,001 - $100,000	none	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Roscoe Gardner Bartlett

JT	153 acres & 2 houses 2 Spruce Knob Lake Forest Service Road Pocahontas County, WV	$100,001 - $250,000	none	NONE	
JT	Putnam Bonds	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name Roscoe Gardner Bartlett

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	House & lot 10399 Liberty Road Mt. Pleasant, MD	S	2004	$250,001 - $500,000
JT	80 acres and home 19067 Three Mile HighwayOnaway,Mi	gift	2004	$50,001 - $100,000

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A — For use by Members, officers, and employees

OFFICE OF PUBLIC RECORD
2005 MAY 16 PM 6:10 MC
(Office Use Only)

Joe Linus Barton
(Full Name)

2109 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-2002
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: TX District: 06	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Joe Barton	5-12-05

SCHEDULE I - EARNED INCOME

Name Joe Linus Barton

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
American Diabetes Association - Ft. Worth Chapter	Spouse Salary	N/A

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name Joe Linus Barton

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Cambridge Energy Research	Speech	Feb. 9, 2004	$2,000
Metronic, Inc.	Speech	Feb. 25, 2004	$2,000
Consumer Energy Council of American Research Foundation	Speech	March 3, 2004	$1,000
National Petrochemical & Refiners Associaton	Speech	March 21, 2004	$2,000
National Energy Marketers Association	Speech	March 31, 2004	$1,500
Kazakhstan Industrial and Innovation Strategy	Speech	April 27, 2004	$2,000
US Oil and Gas Association	Speech	May 11, 2004	$2,000
Morgan Stanley	Speech	Sept 9, 2004	$2,000
Association for Maximum Service Television, Inc.	Speech	Sept. 28, 2004	$2,000
Independent Petroleum Association of America	Speech	Oct 25, 2004	$1,000
Institute of Electrical & Electronics Engineers	Speech	Dec. 1, 2004	$1,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joe Linus Barton

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year
Cripple Creek #99	$15,001 - $50,000	RENT	$1,001 - $2,500	
Ennis Business Forms	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
Reliant Energy	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SBC Corporation	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
TXU Corporation	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
Wal-Mart	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE V - LIABILITIES

Name Joe Linus Barton

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	First American Bank Bryan, Texas	Mortgage on Cripple Creek Condo, 904 University Oaks, #99 College Station, Texas	$15,001 - $50,000
	GNB Bank, Ennis, Texas	Personal loan	$10,001 - $15,000
	Chase/Bank One Palatine, IL	Revolving Charge Account	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Joe Linus Barton

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Alliance of Autombile Manufacturers	Jan. 5-6	Dallas/Ft. Worth-Detroit-Dallas/ Ft. Worth	Y	Y	N	N/A
Consumer Electronics Association	Jan 8 - 11	Dallas/Ft. Worth - Las Vegas-Las Vegas - Palm Springs, CA	Y	Y	N	N/A
Boich Companies	Jan 24 - 25	Fort Worth - Aventura, Florida to Waxahachie/Midlothian	Y	Y	Y	N/A
Cambridge Energy Research	Feb 9	Dallas - Houston	N	N	N	N/A
New York Mercantile Exchange	March 19 - 20	Wash, D.C. - West Plam Beach, Florida to Ft. Lauderdale, FL to Dallas/Ft. Woth	Y	N	N	N/A
National Petrochemical & Refiners Association	March 21	Waxahachie/Midlothian - San Antonio-Waxahachie/Midlothian	N	Y	N	N/A
National Association of Broadcasters	April 17 - April 20	Dallas/Ft. Worth - Las Vegas - Dallas/Fort Worth	Y	Y	N	N/A
Independent Petroleum Associaton of America	October 25 - 26	Dallas/Ft. Worth - Austin - Dallas/Ft. Worth	Y	Y	N	N/A

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Charles F. Bass
(Full Name)

PO Box 210 Peterborough, NH 03458
(Mailing Address)

202-225-5206
Daytime Telephone:

HC (Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: NH District: 02	☐ Officer Or Employee — Employing Office:	**A $200 penalty shall be assessed against anyone who files more than 30 days late.**
Report Type	☑ Annual (May 15) ☐ Amendment	☐ Termination — Termination Date:	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Charles F. Bass	05-05-05

SCHEDULE I - EARNED INCOME

Name Charles F. Bass

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Columbia Architectural Products	Spouse Salary	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Charles F. Bass

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	1629 21st Street, NW, Washington DC	$500,001 - $1,000,000	RENT	$15,001 - $50,000	
	1765 R Street, NW, Washington DC	$500,001 - $1,000,000	RENT	$15,001 - $50,000	
	AG Edwards cash account	$15,001 - $50,000	INTEREST	$201 - $1,000	
DC	AG Edwards Professional Fund Advisor	$15,001 - $50,000		NONE	P
DC	AG Edwards Professional Fund Advisor	$15,001 - $50,000		NONE	P
SP	AG Edwards Professional Fund Advisor (this is a non self-directed fund consisting of mutual funds)	$250,001 - $500,000	DIVIDENDS/INTEREST	$2,501 - $5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Charles F. Bass

	Columbia Architectural Products stock	$100,001 - $250,000		NONE	
	High Standard, Inc. Term Loan	$1,001 - $15,000	INTEREST	$1,001 - $2,500	
	IRA AG Edwards, PO Box 353, Greenfield, MA	$100,001 - $250,000		NONE	
SP	IRA AG Edwards, PO Box 353, Greenfield, MA	$15,001 - $50,000		NONE	
SP	ITT Hartford Annuity	$50,001 - $100,000		NONE	
	Lancaster National Bank Stock	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	
JT	Milford Recap Partnership	$1,001 - $15,000		NONE	
	Monadnock Community Bank	$1,001 - $15,000		NONE	P
	Monadnock Community Bank	$1,001 - $15,000		NONE	S
	Ocean National Bank Checking Account	$1,001 - $15,000	INTEREST	$1 - $200	
	Ocean National Bank Checking Account	$15,001 - $50,000	INTEREST	$201 - $1,000	
SP	Ocean National Bank Checking Account	$1,001 - $15,000		NONE	
	Ocean National Bank Money Market Account	$15,001 - $50,000	INTEREST	$201 - $1,000	
SP	Ocean National Bank stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Charles F. Bass

	Ocean National Bank stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Real Estate, Edgartown, MA	$100,001 - $250,000		NONE	
	Wright Patman Federal Credit Union	$1,001 - $15,000		NONE	

SCHEDULE IV - TRANSACTIONS

Name Charles F. Bass

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Monadnock Community Bank	P	5-04	$1,001 - $15,000
	Monadnock Community Bank	S	6-04	$1,001 - $15,000
DC	AG Edwards Professional Fund Advisor	P	01-04	$15,001 - $50,000
DC	AG Edwards Professional Fund Advisor	P	01-04	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name Charles F. Bass

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Citicorp Mortgage Company	Mortgage, 1629 21st Street, NW, Washington, DC	$250,001 - $500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Charles F. Bass

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Alliance of Automobile Manufacturers	January 1 - 6	MHT - Detroit, MI - MHT	Y	Y	N	N/A
Independent Baker's Association	February 19 -25	MHT - West Palm Beach, FL - MHT	Y	N	Y	N/A

CHARLES F. BASS
2D DISTRICT, NEW HAMPSHIRE

2421 RAYBURN BUILDING
WASHINGTON, DC 20515–2902
(202) 225–5206
e-mail: cbass@mail.house.gov
web page: www.house.gov/bass

Congress of the United States
House of Representatives

ENERGY AND COMMERCE COMMITTEE
• SUBCOMMITTEE ON COMMERCE, TRADE, AND CONSUMER PROTECTION
• SUBCOMMITTEE ON ENVIRONMENT AND HAZARDOUS MATERIALS
• SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
• SUBCOMMITTEE ON TELECOMMUNICATIONS AND THE INTERNET

May 24, 2005

The Honorable Jeff Trandahl
Clerk of the U.S. House of Representatives
U.S. Capitol, Room H154
Washington, D.C. 20515-6601

MC

Dear Mr. Trandahl:

I am writing to amend Schedule VII of Form A, the Financial Disclosure Statement for 2004 that I filed with your office on May 5, 2005.

With respect to travel payment and reimbursements from the Independent Baker's Association, I inadvertently listed "N/A" under the time not at sponsor's expense section. I should have listed "3 days".

Accordingly, on the Member Travel Disclosure Form that I filed on April 20, 2004, for the same travel event, I should have divided the total lodging expenses of $1,577.40 as $1051.60 for total lodging and $525.80 for transportation. Although the sponsor total does not change, I regret the individual components were mislabeled.

As always, please do not hesitate to contact me directly if I may be of any assistance.

Sincerely,

Charles F. Bass
Member of Congress

CFB:tf

cc: Committee on Standards of Official Conduct

LEGISLATIVE RESOURCE CENTER
2005 MAY 26 PM 4:21
U.S. HOUSE OF REPRESENTATIVES

REPLY TO
☐ 142 NORTH MAIN STREET
CONCORD, NH 03301
(603) 226-0249

☐ 170 MAIN STREET
NASHUA, NH 03060
(603) 889-8772

☐ 76 MAIN STREET
SUITE 2C
LITTLETON, NH 03561
(603) 444-1271

☐ ONE WEST STREET
SUITE 208
KEENE, NH 03431
(603) 358-6094

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 6:18

MC

(Office Use Only)

MELISSA L BEAN
(Full Name)

203 FRANCES LN BARRINGTON, IL 60010
(Mailing Address)

202-225-3711
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: IL District: 08	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15) ☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Melissa L. Bean	5/15/05

SCHEDULE I - EARNED INCOME

Name MELISSA L BEAN

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
SEARCH RESOURCES INC	SPOUSE SALARY	$71,500
SALES RESOURCES INC	SALARY	$17,142

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MELISSA L BEAN

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	FIDELITY ADVISOR TREAS	$15,001 - $50,000	DIV & INT	$1 - $200	
	PUTNAM MONEY MRKT	$1,001 - $15,000	DIV & INT	$1 - $200	
	RESERVE PRIMARY FUND	$1,001 - $15,000	DIV & INT	$1 - $200	
	FRANKLIN TEMPLETON MONEY	$1,001 - $15,000	DIV & INT	$1 - $200	
	ABN AMRO	$1,001 - $15,000	DIV & INT	$1 - $200	
	FED HOME LOAN MORTG	$1,001 - $15,000	DIV & INT	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MELISSA L BEAN

	FLEET BOSTON FINC	$1,001 - $15,000	DIV & INT	$1 - $200	
	GENERAL ELECTRIC	$1,001 - $15,000	DIV & INT	$1 - $200	
	JP MORGAN	$1,001 - $15,000	DIV & INT	$1 - $200	
	LUCENT TECH	$1,001 - $15,000	DIV & INT	NONE	
	MERK & CO (MRK)	$1,001 - $15,000	DIV & INT	$201 - $1,000	
	MICROSOFT (MSFT)	$15,001 - $50,000	DIV & INT	$1 - $200	
	SBC (SBL)	$1,001 - $15,000	DIV & INT	$201 - $1,000	
	WALGREEN (WAG)	$1,001 - $15,000	DIV & INT	$1 - $200	
	WINN-DIXIE (WIN)	$1,001 - $15,000	DIV & INT	$1 - $200	
	ALLIANCE BANISKIN (APGBX)	$1,001 - $15,000	DIV & INT	NONE	
	INCOME FUND AMER (IFIFX)	$1,001 - $15,000	DIV & INT	$201 - $1,000	
SP	ABN-AMRO (ABN)	$1,001 - $15,000	DIV & INT	$201 - $1,000	
SP	FED HOME MTG (FRE)	$1,001 - $15,000	DIV & INT	$1 - $200	
SP	FIDELITY NATL FIN (FNF)	$1,001 - $15,000	DIV & INT	$1 - $200	

JT	HARRIS BANK	$1 - $1,000	INTEREST	$1 - $200	
SP	FLEET BOSTON (FBF)	$1,001 - $15,000	DIV & INT	$201 - $1,000	
SP	GE CORP (GE)	$1,001 - $15,000	DIV & INT	$1 - $200	
SP	GENERAL MARITIME (GMR)	$1,001 - $15,000	DIV & INT	$1 - $200	
SP	JP MORGAN (JPM)	$1,001 - $15,000	DIV & INT	$1 - $200	
SP	LUCENT TECH (LU)	$1,001 - $15,000	DIV & INT	$1 - $200	
SP	MERK & CO (MRK)	$1,001 - $15,000	DIV & INT	$201 - $1,000	
SP	MICROSOFT CORP (MSFT)	$1,001 - $15,000	DIV & INT	$1 - $200	
SP	SBC COMM (SBC)	$1,001 - $15,000	DIV & INT	$201 - $1,000	
SP	VERTICAL NET (VERT)	$1,001 - $15,000	DIV & INT	$1 - $200	
SP	WINN-DIXIE (WIN)	$1,001 - $15,000	DIV & INT	$1 - $200	
SP	ALLIANCE BERNSTEIN (APBGX)	$1,001 - $15,000	DIV & INT	NONE	
SP	WALGREEN (WAG)	$1,001 - $15,000	DIV & INT	$1 - $200	
SP	DAVID NOYES MONEY MKT	$1,001 - $15,000	DIV & INT	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MELISSA L BEAN

SP	DAVID NOYES MONEY MKT	$15,001 - $50,000	INTEREST	$1 - $200	
SP	EVERGREEN MONEY MKT	$15,001 - $50,000	INTEREST	$1 - $200	
	BANK OF AMER (BAC)	$1,001 - $15,000	INT & DIV	$1 - $200	
	KOHLS (KSS)	$1,001 - $15,000	INT & DIV	$1 - $200	
	KULICKE & SOFFA (KLIC)	$1,001 - $15,000	INT & DIV	$1 - $200	
	NEW YORK COMM BANK (NYB)	$1,001 - $15,000	INT & DIV	$1 - $200	
	NOKIA (NOK)	$1,001 - $15,000	INT & DIV	$1 - $200	
SP	KOHLS (KSS)	$1,001 - $15,000	INT & DIV	$1 - $200	
SP	NEW YORK COMM BANK (NYB)	$1,001 - $15,000	INT & DIV	$1 - $200	
SP	NOKIA (NOK)	$1,001 - $15,000	INT & DIV	$1 - $200	
SP	FIDELITY NATL FIN (FNF)	$1,001 - $15,000	INT & DIV	$1 - $200	

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	FIDELITY ADVISOR TREAS	S	12-01-04	$15,001 - $50,000
	PUTNAM MONEY MRKT	S	12-1-04	$1,001 - $15,000
	RESERVE PRIMARY FUND	S	12-1-04	$1,001 - $15,000
	FRANKLIN TEMPLETON MONEY	S	12-1-04	$1,001 - $15,000
	FED HOME LOAN MORTG	S	12-1-04	$1,001 - $15,000
	FLEET BOSTON FINC	S	12-1-04	$1,001 - $15,000
	LUCENT TECH	S	12-1-04	$1,001 - $15,000
	SBC (SBL)	S	12-1-04	$1,001 - $15,000
	WINN-DIXIE (WIN)	S	12-1-04	$1,001 - $15,000
SP	ABN-AMRO (ABN)	S	12-1-04	$1,001 - $15,000
SP	FED HOME MTG (FRE)	S	12-1-04	$1,001 - $15,000
SP	FLEET BOSTON (FBF)	S	12-1-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MELISSA L BEAN

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	GE CORP (GE)	S	12-1-04	$1,001 - $15,000
SP	GENERAL MARITIME (GMR)	S	12-1-04	$1,001 - $15,000
SP	JP MORGAN (JPM)	S	12-1-04	$1,001 - $15,000
SP	LUCENT TECH (LU)	S	12-1-04	$1,001 - $15,000
SP	SBC COMM (SBC)	S	12-1-04	$1,001 - $15,000
SP	WINN-DIXIE (WIN)	S	12-1-04	$1,001 - $15,000
SP	ALLIANCE BERNSTEIN (APBGX)	S	12-1-04	$1,001 - $15,000
	BANK OF AMER (BAC)	P		$1,001 - $15,000
	KOHLS (KSS)	P		$1,001 - $15,000
	KULICKE & SOFFA (KLIC)	P		$1,001 - $15,000
	NEW YORK COMM BANK (NYB)	P		$1,001 - $15,000
	NOKIA (NOK)	P		$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MELISSA L BEAN

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	KOHLS (KSS)	P		$1,001 - $15,000
SP	NEW YORK COMM BANK (NYB)	P		$1,001 - $15,000
SP	NOKIA (NOK)	P		$1,001 - $15,000
SP	FIDELITY NATL FIN (FNF)	S	12-1-04	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name MELISSA L BEAN

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	TARGET	CREDIT CARD	$10,001 - $15,000
JT	WELLS FARGO	HOME EQUITY	$100,001 - $250,000
	CITIBANK	CREDIT CARD (BUS)	$15,001 - $50,000
	SUNTRUST	CREDIT CARD (BUS)	$10,001 - $15,000

SCHEDULE VIII - POSITIONS

Name MELISSA L BEAN

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PRESIDENT	SALES RESOURCES, INC

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY -2 PM 12:35

HAND DELIVERED
(Office Use Only)

Robert L. Beauprez
(Full Name)

6329 Defrance Way
Arvada, Co 80004
(Mailing Address)

303. 386. 3900
Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State: District: [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Bob Beauprez	5/02/05

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Braddock Development	commissions per prior agreement. 1992	23,352
Heritage Bank	Retirement payment	1,008
Heritage Bank	Spouse Salary	N/A
Heritage Bank	Spouse Director fees	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert Beauprez

Page 3 of 10

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP	Mega Corp. Stock	E: X	DIVIDENDS: X	V: X	P
DC, Examples:	Simon & Schuster	Indefinite			
JT	1st Bank of Paducah, KY accounts	F: X	INTEREST: X	VI: X	
JT	Heritage Bank Co., accounts	D: X	INTEREST: X	III: X	
	Beauprez Ltd. Partnership 26.4% ownership (real estate dev., Lafayette, Co.)	D: X	Other Type of Income: Inc. Partnership	III: X	
	Indian Peaks, Inc. 50% ownership (real estate dev., Lafayette, Co.)	A: X	INTEREST: X	II: X	
DC	Heritage Bank, Co. accounts	C: X	INTEREST: X	II: X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert Beauprez

Page 4 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
JT	American Century Funds-Equity Inc	A None X	DIVIDENDS X	I None X	E
JT	American Century Funds, money mkt acct	C $1,001 - $15,000 X	DIVIDENDS X	I None X	P
JT	Front Range Capital Corp stock (Bank stock, Louisville, Co)	→	DIVIDENDS X; Other Type of Income (Specify): Book value 3,061,738	VIII $50,001 - $100,000 X	P, S
JT	Rental - 595 Beauprez Ave Lafayette, CO	↑	RENT X; Other Type of Income (Specify): Assed Value 285,900	VII $15,001 - $50,000 X	
JT	Rental - 104 Starline Ave Lafayette, CO	→	RENT X; Other Type of Income (Specify): Assed Value 224,900	VI $5,001 - $15,000 X	
JT	Rental. 382 Blackhawk Ln Lafayette, Co.	→	RENT X; Other Type of Income (Specify): Assed Value 1,326,200	VII $15,001 - $50,000 X	
	IRA-Front Range Cap Corp Stock (Bank stock, Louisville Co) Self-directed	→	DIVIDENDS X; Other Type of Income (Specify): Book value 1,528,919	VII $15,001 - $50,000 X	
	IRA - Growth Fund America	A None X	DIVIDENDS X	I None X	F
	IRA - Wachovia - Money Market Fds	C $1,001 - $15,000 X	INTEREST X	I None X	P
	401k. Guaranteed Interest Fd.	E $50,001 - $100,000 X	INTEREST X	III $201 - $1,000 X	P
SP	IRA-Growth Fund America	A None X	DIVIDENDS X	I None X	E
SP	IRA-Wachovia Money Market Fds	C $1,001 - $15,000 X	INTEREST X	I None X	P
SP	401k-Guaranteed Interest Fd.	C $1,001 - $15,000 X	INTEREST X	I None X	P
SP	IRA-Front Range Cap Corp Stock (Bank Stk, Louisville, Co.- Self-directed)	→	DIVIDENDS X; Other Type of Income (Specify): Book value 30,419	IV $2,501 - $5,000 X	
DC	Am Century Fds.-Equity Inc	A None X	DIVIDENDS X	I None X	E
DC	Am Century Fds - Money mkt acct.	C $1,001 - $15,000 X	DIVIDENDS X	I None X	P

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SCHEDULE IV — TRANSACTIONS

Name Robert Beauprez

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
JT	American Century Funds - Equity Income Fd.			X	9.22.04	X									
JT	American Century Funds - Money Market Acct	X			9.22.04	X									
SP	Front Range Capital Corp. Stock	X			9.29.04				X						
JT	Front Range Capital Corp. Stock		X		2.13.04	X									
	IRA - Growth Fund America			X	9.22.04	X									
	IRA - Wachovia Money Market Fds.	X			9.22.04	X									
	401K - Fidelity Balanced Fd.			X	1-16-04			X							
	401K - TCW Gallileo Value Opp. Fd	X			1-16-04	X									
	401K - Hotchkis Wiley Mid Cap Value Fd	X			1-16-04		X								
	401K - Brandywine Fund			X	1-16-04	X									
	401K - TCW Gallile. Value Opp. Fd			X	9.22.04		X								
	401K - Hotchkis Wiley Mid Cap Value Fd			X	9.22.04		X								
	401K - Guaranteed Interest Fd	X			9.22.04			X							
SP	IRA - Growth Fund America			X	9.22.04	X									
SP	IRA - Wachovia Money Market Fds.	X			9.22.04	X									
SP	401K - Fidelity balanced Fd			X	1-16-04	X									

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SCHEDULE IV — TRANSACTIONS

Name Robert Beaupiez

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–04		X								
SP	401k- TCW Galileo Value Opp Fd	X			1-16-04	X									
SP	401k- Hotchkis Wiley Mid Cap Value	X			1-16-04	X									
SP	401k- TCW Galileo Value Opp Fd			X	9.22-04	X									
SP	401k- Hotchkis Wiley Mid Cap Value			X	9.22.04	X									
SP	401k- Guaranteed Interest Fd	X			9.22.04	X									
DC	Am Century Fds- Equity Inc			X	9.22.04	X									
DC	Am Century Fds- Money Market acct.	X			9.22.04	X									

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Name Robert Beauprez | Page 7 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Citimortgage	mortgage on rental 382 Blackhawk Ln, Lafayette, CO					X					
JT	Wachovia Bank, Delaware, N.A.	Home Equity Line of Credit Rental 382 Blackhawk Ln, Lafayette			X							
JT	Citimortgage	mortgage on rental 595 Beauprez Ave, Lafayette, CO					X					
JT	Citimortgage	mortgage on rental 104 Starline Av., Lafayette				X						
JT	Bankers Bank of the West	Personal Loans				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
N/A		

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	1st Trust + Savings Bank, Aurelia, Iowa	3rd Deed of trust - Rental 382 Blackhawk Ln, Lafayette				X						
JT	Heritage Bank	Home Equity Line of Credit - Rental - 104 Starline Av, Lafayette	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Name Robert Beauprez | Page 9 of 10

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Jerusalem Summit, Israel	Nov 26-Dec 3	Wash DC - Jerusalem - Wash DC	Y	Y	Y	2 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Indian Peaks, Inc
Partner	Beaupre, Ltd.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

Shelley Berkley
(Full Name)

9709 Camden Hills Ave
(Mailing Address)

202 225-5965
Daytime Telephone

Las Vegas, NV 89145

(Office Use Only)

MC

Filer Status	[X] Member of the U.S. House of Representatives	State: NV District: 01	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	May 12 2005

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Nephrology and Endocrine Associates	**Spouse Salary**	**NA**
	Amgen	**Spouse Consulting**	**NA**
	DesignWrite	**Spouse Consulting**	**NA**

For payments to charity in lieu of honoraria, use Schedule II.

Name **Shelley Berkley** Page 3 of 13

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of Income by checking the appropriate box below. Dividends, even if reinvested, should be listed as Income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B													Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp Stock					X								X									X										P
	Simon & Schuster		Indefinite																	Royalties						X							
	1st Bank of Paducah, KY accounts						X									X									X								
SP	BankWest Las Vegas NV				X											X						X											
SP	BusinessBank Las Vegas	X														X						X											
SP	Pentagon Fed Credit Union	X														X						X											
	Pentagon Fed Credit Union	X														X						X											
	Congressional Fed Credit Union			X												X						X											
	Nevada State Bank			X																	X												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

Page 4 of 63

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENTS	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Morgan Stanely Dean Witter																															
	IRA account- for year end																															
	value, income and detailed																															
	transactions see attachment																															
SP	Professional Facilities,	NC				X								X												X						
	medical office building																															
	McDaniel St, North Las Vegas																															
	4133 N. Torrey Pines LV NV																															
SP	Quail Park V						X												Partnership							X						
	office complex																															
	Rancho and Alta																															
	Las Vegas NV																															
	500 S. Rancho LV NV																															
SP	The Gin Mill						X												Partnership							X						
	Tavern																															
	2561 Windmill																															
	Henderson NV 89014																															
SP	Metalast International				X														Partnership		X											
	anodizing aluminum																															
	2241 Park Place Minden	NV																														

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

Page 5 of 63

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	RRT, LLC									X									partnership										X			
	provides dialysis services																															
	Summerlin area of																															
	Las Vegas, NV																															
SP	Nephrology and Endocrine						X													salary												
	Associates- medical																															
	practice Las Vegas, NV																															
SP	Salomon Smith Barney																															
	for year end value, income																															
	and detailed transactions																															
	see attachment (2 accounts)																															
SP	Charles Schwab Trust One																															
	Account for year end value,																															
	income and detailed																															
	transactions see attachment																															
SP	Charles Schwab IRA																															
	for year end value, income																															
	and detailed transactions see attachment																															

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

Page 6 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Nephrology & Endocrine																															
	Associates 401(K) Plan																															
	held by Putman until Aug 04 then Fidelity Investments																															
	for year end values, income																															
	and detailed transactions																															
	see attachment																															
	Morgan Stanley Dean Witter																															
	IRA Account- for year end																															
	value, income and detailed																															
	transactions see attachement																															
	Morgan Stanley Dean Witter																															
	Roth IRA- for year end																															
	value, income and detailed																															
	transactions see attachment																															
SP	ITT Industries			X										X								X										P< 1000
SP	EnviroSystems		X																		X											
SP	Las Vegas Business Bank				X																X											
SP	IBM			X										X								X										P< 1000
SP	Pfizer				X									X									X									P< 1000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name **Shelley Berkley** Page 7 of 63

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	3466 Legendary LV NV					X										X										X						
SP	Morgan Stanley Dean Witter																															
	Active Assets Account																															
	for year end value, income																															
	and detailed transactions																															
	see attachment																															
JT	150 D St SE Washington DC								X							X										X						
SP	SHDC, LLC					X													partership		X											
	Dialysis services																															
	9220 W Sunset Rd																															
	Las Vegas, NV																															
SP	NetBank					X									X									X								
SP	Union Bank						X								X									X								
SP	Nephrology & Endocrine						X																									Co-mingled
	Associates Defined Benefit																															account
	Pension Plan all assets held																															I do not
	in fund symbol VASIX																															have info
																																on individual
																																trades

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

Page 8 of 13

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Brinks		X																													
	Prudential Financial			X										X									X									
	Liquid Assets			X												X							X									
	(Inheritance)																															

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SCHEDULE IV — TRANSACTIONS

Name Shelley Berkley

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B	C $15,001–$50,000	D	E $100,001–$250,000	F	G $500,001–$1,000,000	H	I $5,000,001–$25,000,000	J	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-00		X								
	See Attachments														
	Las Vegas Sands Corp	X			15 Dec 04	X									
	Las Vegas Sands Corp		X		15 Dec 04	X									

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Name Shelley Berkley | Page 10 of 15

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000
Example:	*First Bank of Wilmington, Delaware*	*Mortgage on 123 Main St., Dover, Del*				X						
JT	Central National Bank	Mortgage on 3466 Legendary LV NV		X								
JT	Pentagon Federal Credit Union	Mortgage on 150 D St SE DC					X					
JT	AT&T MasterCard	Credit Card		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: *Mr. Joseph H. Smith, Anytown, Anystate*	*Silver Platter (determination on personal friendship received from Committee on Standards)*	*$270*
None		

Use additional sheets if more space is required.

Name **Shelley Berkley** Page 11 of 63

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	ASPEN INSTITUTE	23-28 May	DC- Barcelona- LV	Y	Y	Y	N

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Morgan Stanley

Berkley 12/7/03

CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2004

IRA Rollover
Dated 01/27/98
Householding Anniv. Date
10/28/2002

LARRY LEHRNER
9709 CAMDEN HILLS AVENUE
LAS VEGAS NV 89145-8610

Asset Summary

	Value	% of Assets
Money Market Funds	$57,545.99	23.8%
Stocks	74,147.08	30.8
Municipal Bonds	0.00	0.0
Corporate Fixed Income	59,318.80	24.6
Government Securities	0.00	0.0
Mutual Funds	29,354.91	12.1
Unit Investment Trusts	20,647.34	8.5
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	$241,615.12	100.0%
Cash	0.00	
Total Asset Value	$241,615.12	

Income Summary

	This Month	Year-To-Date
Money Market Funds	$67.32	$173.27
Stocks	55.43	753.57
Municipal Bonds	0.00	0.00
Corporate Fixed Income	783.33	3,626.40
Government Securities	0.00	330.00
Mutual Funds	0.00	0.00
Unit Investment Trusts	0.00	598.51
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	$906.08	$5,481.75

Activity Summary

Total Asset Value November 30 2004		$274,243.22
Cash/Money Market Activity for December		
Closing Balance 11/30	$26,508.96	
Credits To Your Account		
Dividends and Interest	906.08	
Deposits	0.00	
Sales Proceeds/Redemptions	36,129.14	
Other Credits	3,137.28	
Total Credits	40,172.50	
Debits To Your Account		
Withdrawals	0.00	
Funds to Purchase Securities	-3,135.47	
Other Debits	0.00	
Total Debits	-3,135.47	
Closing Balance 12/31	57,545.99	
Net Change Cash/Money Market Activity		31,037.03
Changes In Asset Value for December		
Value of Priced Assets 11/30	$213,699.06	
Securities Bought	3,135.47	
Securities Received	0.00	
Securities Sold/Redeemed	-36,129.14	
Securities Delivered	0.00	
Transactions at Fund Company	0.00	
Change in Value of Priced Assets	3,364.74	
Value of Priced Assets 12/31	184,069.13	
Net Change in Asset Value		-29,628.93
Total Asset Value as of December 31 2004		$241,615.12

Investments and services are offered through Morgan Stanley DW Inc., member SIPC

Morgan Stanley

Bally 13963

CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2004

LARRY LEHRNER
9709 CAMDEN HILLS AVENUE

ASSET DETAILS

Cash and Money Market Funds	Amount	Pct of Assets	Est Yrly Income
CASH	.00	---	---
LIQUID ASSET FUND	57,545.99	23.8%	920
Total Cash and Money Market Funds	557,545.99	23.8%	$920
Net Change Since Last Statement	$37,037.03		

Annualized 30 Day Yields

Liquid Asset Fund 1.60%
U.S. Gov't Money Market Tr 1.47%

Stocks		Current Price	Value	Pct of Assets	Est Yrly Income	Dividend Yield	Symbol	Additional Information
Common Stocks								
154	AMERICAN INTERNATIONAL GP	65.67	10,113.18	4.2%	46	.45%	AIG	Next Dividend Payable 03/05
300	GENERAL MILLS INC	49.71	14,913.00	6.2%	372	2.49%	GIS	Next Dividend Payable 02/05
2,560	MORGAN STANLEY/BRIDGES 10 COMPANIES DUE 03/30/09	9.75	24,950.00	10.4%	0	0.00%	TPA	
250	NORTHPOINT COMM GRP INC	.00	.15	N/A	0	0.00%	NPNTQ	
125	STANDARD & POORS DEP RECPTS	120.87	15,108.75	6.3%	284	1.87%	SPY	Next Dividend Payable 01/31/05
155	STARWOOD HTLS & PSTS WW INC	58.40	9,052.00	3.7%	130	1.43%	HOT	Next Dividend Payable 01/21/05
Total Stocks			$74,147.08	30.8%	$832	1.12%		
Net Change Since Last Statement			-31,959.39					

Corporate Fixed Income		Current Price	Value	Pct of Assets	Est Yrly Income	Current Yield	Accruing Interest	Additional Information
Corporate Bonds								
16,000	MORGAN STANLEY SPN (LINKED) INTEL CORPORATION ZERO COUPON DUE 12/30/10	92.000	14,720.00	6.1%	0	0.00%	0	MOODY AA3 ISSUE 05/28/03
20,000	CITIGROUP GLOBAL MARKETS 5.000% MONTHLY 15 DUE 08/15/14 CALLABLE $100.00 ON 08/15/06	99.739	19,947.80	8.3%	1,000	5.01%	44	YIELD TO MATURITY 5.0340% ISSUE 08/13/04
Total Corporate Bonds			34,667.80	14.4%	1,000	2.88%	44	

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

Morgan Stanley

Lehrner 14/63

CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2004

LARRY LEHRNER
9709 CAMDEN HILLS AVENUE

Corporate Fixed Income		Current Price	Value	Pct of Assets	Est Yrly Income	Current Yield	Accruing Interest	Additional Information	
Fixed-Rate Capital Securities									
800	SATURNS HERTZ CORP 7.0000 JUN/DEC 01 DUE 06/01/12 CALLABLE $25.00 ON 05/28/08	25.17	20,140.00	8.3%	1,400	6.95%	0	MOODY BAA2	S&P BBB-
200	PHOENIX COMPANIES INC 7.4500 QTRLY JAN DUE 01/15/32 CALLABLE $25.00 ON 01/15/07	25.56	5,112.00	2.1%	372	7.28%	0	MOODY BAA3	S&P BBB
	Total Fixed-Rate Capital Securities		25,252.00	10.4%	1,772	7.01%	0		
Total Corporate Fixed Income			$59,919.60	24.8%	$2,772	4.62%	$41		
Net Change Since Last Statement			$11.60						

Mutual Funds		Current Price	Value	Pct of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Symbol	Dividend/ Cap Gains Option
Morgan Stanley Mutual Funds									
2,145.827	FINANCIAL SERVICES TRUST B	13.6800	29,354.91	12.1%	N/A	N/A	132721824	FSVBX	Reinv/Reinv
Total Mutual Funds			$29,354.91	12.1%	N/A	N/A			
Net Change Since Last Statement			$1,280.33						

Unit Investment Trusts		Current Price	Value	Pct of Assets	Est Yrly Income	Current Yield	Accruing Interest	Par Value	Reinvest Option
Equity Trusts									
2,128	UNIT VAN KAMPEN SELECT 10 INDUSTRIAL 2004 1	9.7027	20,647.34	8.5%	767	3.71%	N/A	N/A	Full
Total Unit Investment Trusts			$20,647.34	8.5%	$767	3.71%	0	0.00	
Net Change Since Last Statement			$1,949.13						

Investments and services are offered through Morgan Stanley DW Inc., member SIPC

Morgan Stanley

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CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2004

LARRY LEHRNER
9709 CAMDEN HILLS AVENUE

Unrealized Gain/(Loss)	Quantity	Date Acquired	Unit Cost	Adjusted Total Cost	Market Value	Unrealized Gain/(Loss)	Additional Information
DIVIDEND REINVESTMENT	65	05-25-04	9.1024	591.66	630.70	39.04	Short Term
	2,128		9.9151	21,099.53	20,647.34	(452.19)	
Totals for positions with cost data available				$191,082.16	$175,017.13	($16,065.03)	
Total Market Value for all positions					$184,069.13		

The "Total Cost" and "Unit Cost" for Fixed Income Unit Trusts, Mortgage-Backed Securities, and Zero Coupon Bonds has been adjusted to reflect any partial return of principal or capital that may have been paid to you, or accreted interest earned, since your purchase date. In the event that the accumulated total return of principal or capital is greater than the provided original cost, the adjusted cost will be "0.00".

Realized Gain/(Loss)			Quantity	Date Acquired	Date Sold	Adjusted Total Cost	Proceeds	Realized Gain/(Loss)	Additional Information
Short Term									
AMPHENOL CORP NEW CL A			200	08-15-03	02-09-04	10,000.00	13,249.37	3,249.37	Short Term
AXIS CAPITAL HOLDINGS LTD			50	04-15-04	08-05-04	1,395.50	1,224.98	(170.52)	Short Term
AXIS CAPITAL HOLDINGS LTD			300	04-15-04	08-05-04	8,373.00	7,349.81	(1,023.19)	Short Term
DEX MEDIA INC			600	07-21-04	12-01-04	11,400.00	14,429.65	3,029.65	Short Term
DEX MEDIA INC			400	07-21-04	12-01-04	7,600.00	9,619.78	2,019.78	Short Term
ENTERPRISE PROD PRTNRS L.P.			500	04-29-04	12-01-04	10,500.00	12,079.71	1,579.71	Short Term
GENWORTH FINANCIAL INC CL A			1,000	05-24-04	07-20-04	19,500.00	23,179.45	3,679.45	Short Term
UNIT VK SELECT 10 INDU 2003-1			40	09-25-03	01-09-04	415.85	468.05	52.20	Short Term
UNIT VK SELECT 10 INDU 2003-1			11	11-25-03	01-09-04	112.74	128.71	15.97	Short Term
Sub Total Short Term						$69,297.09	$81,729.51	$12,432.42	
Long Term									
FNMA	6.000	8-09-19	11,000	08-01-02	04-28-04	11,000.00	10,835.00	(165.00)	Long Term
GENERAL MOTORS	7.150	7-15-17	10,000	07-08-02	08-03-04	10,000.00	9,800.00	(200.00)	Long Term
GENL MTRS	7 1/4	7-15-41	400	06-28-01	04-15-04	10,000.00	9,867.54	(132.46)	Long Term
HOUSEHOLD FINANCE	7 1/2	4-15-17	10,000	04-11-02	08-03-04	10,000.00	10,000.00		
MS/MPS/NDW/100	.000	3-30-09	1,600	12-12-02	05-21-04	17,064.94	15,999.62	(1,065.32)	Long Term
UNIT VK SELECT 10 INDU 2003-1			1,702	01-02-03	01-09-04	16,849.80	19,915.61	3,065.81	Long Term
Sub Total Long Term						$74,914.74	$76,417.77	$1,503.03	
Totals for closing transactions with cost data available						$144,211.83	$158,147.28	$13,935.45	
Total Proceeds							$158,147.28		

This summary is not part of your account statement. It is for information purposes only and should not be used for tax preparation.

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

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Prime Broker Statement
Forms 1099 for 2004

Payer

Your Financial Consultant

DR. LAWRENCE LEHRNER, TTEE
THE LEHRNER FAMILY TRUST
9709 CAMDEN HILLS
LAS VEGAS NV
89145-8610

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-INT Interest Income 2004

(OMB No.1545-0112)

Interest income not included in box 3	Early withdrawal penalty	Interest on US Savings Bonds and Treas. obligations	Federal income tax withheld	Investment expenses	Foreign tax paid	Foreign country or US possession
Box 1 $ 22.94	Box 2	Box 3	Box 4	Box 5	Box 6	Box 7

1099-DIV Dividends and Distributions 2004

(OMB No.1545-0110)

Total ordinary dividends	Qualified dividends	Total capital gain distributions	Unrecaptured Sec. 1250 gain	Section 1202 gain	Collectibles (28%) gain
Box 1a $ 4,856.64	Box 1b $ 4,856.00	Box 2a	Box 2b	Box 2c	Box 2d

Nontaxable distributions	Federal income tax withheld	Investment expenses	Foreign tax paid	Foreign country or US possession	Cash liquidation distributions	Non cash liquidation distributions
Box 3	Box 4	Box 5	Box 6 $ 453.92	Box 7 Various	Box 8	Box 9

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Prime Broker Statement
Forms 1099 for 2004

DR. LAWRENCE LEHRNER, TTEE

Payer *Your Financial Consultant*

DR. LAWRENCE LEHRNER, TTEE
THE LEHRNER FAMILY TRUST
9709 CAMDEN HILLS
LAS VEGAS NV
89145-9610

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B Proceeds from Broker and Barter Exchange Transactions 2004

(OMB #1545-0716)

Gross proceeds from each transaction are individually reported to the IRS after deducting commissions. For bond transactions, accrued income is also deducted. Taxable accrued interest is reported on Form 1099-INT and included in your "Details of 1099 Reported Interest Income"

Reference number	Date of sale or exchange (Box 1a)	CUSIP number (Box 1b)	Quantity	Description (Box 7)	Price	Gross proceeds less commissions (Box 2)	Federal income tax withheld (Box 4)
120000100	05/21/04	013817101000	150	ALCOA INC	$ 29.694	$ 4,429.02	
120000200	06/26/04	05356110 0001	50	AVENTIS SPONS ADR REPORTABLE PROCEEDS ON 50.0000 SHARES EXCHANGED ON 06/26/04		4,081.48	
120000400	05/25/04	055262505001	50	BASF AG SPONS ADR	49.58	2,481.97	
120000500	06/09/04	079860102000	125	BELLSOUTH CORP	26.017	3,227.08	
120000800	05/25/04	29265W108001	75	ENEL SOCIETA PER AZION ADR	39.725	2,960.63	
120001500	05/14/04	539830109000	75	LOCKHEED MARTIN CORP	47.26	3,520.96	
120001600	10/15/04	571748102000	75	MARSH & MCLENNAN COS INC	28.52	2,114.01	
120001700	02/12/04	589331107000	125	MERCK & CO INC	48.488	6,035.60	
120001900	08/27/04	632525408001	50	NATIONAL AUSTRALIA BK LTD SPONSORED ADR -USD-	93.441	4,654.95	
120002000	05/14/04	66987V109001	50	NOVARTIS AG ADR	44.074	2,186.18	

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Prime Broker Statement
Forms 1099 for 2004

DR. LAWRENCE LEHRNER, TTEE

This irmation and is being furnished to the Internal Revenue Service. If you are required to file a return, a negither sanction may be imposed on you if this income is taxable and the IRS determines that it has not been.

1099 Broker and Barter Exchange Transactions 2004 - *continued*

(OMB # 1545-0715)

RefereSIP number number 1b)	Quantity	Description (Box 7)	Price	Gross proceeds less commissions (Box 2)	Federal income tax withheld (Box 4)
120002337 1107000	50	ROHM & HAAS CO	$ 39.427	$ 1,953.84	
120002736 2208001	81	TELEFONICA S.A. SPON ADR	40.712	3,279.38	
Totals				**$ 40,906.19**	

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Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

We are pleased to provide you with this overview of activity in your account this year. This information will help you understand the performance of your investments and manage your account with the assistance of your Financial Consultant. This information is not provided to the IRS.

Value of your portfolio

Description	Amount
Stocks - Long	$ 236,678.80
Bank deposit program - principal	3,271.63
Value of your account on 12/31/04	$ 239,950.43
Value of your account on 12/31/03	$ 220,699.98

Earnings summary 2004

Due to IRS reporting requirements, these figures may not be the same as totals reported on your monthly statement.

Description	1099 Reported	1099 Exempt	Total
Interest *	$ 22.94		$ 22.94
Other dividends **	.54		.54
Qualified dividends	4,855.00		4,855.00
Totals	$ 4,878.48		$ 4,878.48

**If you received accrued interest, it is included in this amount.*
***If you received money funds earnings, capital gain distributions or non-taxable distributions, they are included in this amount.*

Summary of miscellaneous tax withheld 2004

The following taxes have been withheld in compliance with U.S. federal or foreign regulations.

Description	Amount
Foreign tax paid	$ 453.92
Total	$ 453.92

2004 YEAR END SUMMARY

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SMITH BARNEY citigroup

Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Interest Income 2004

The following details show how we derived your total interest reported on Form 1099-INT. Amounts in Box 1 and Box 3 include any taxable accrued interest received.

Reference number	Description	Interest income not included in box 3 (Box 1)	Early withdrawal penalty (Box 2)	Interest on US Savings Bonds and Treas. obligations (Box 3)	Federal income tax withheld (Box 4)	Investment expenses (Box 5)	Foreign tax paid (Box 6)
130000100	CITIBANK NA BANK DEPOSIT PROGRAM	$ 22.94					
Totals In Boxes 1-6		$ 22.94					

Details of 1099 Reported Dividends and Distributions 2004, Boxes 1a - 2d

The following details show how we derived your total dividends reported on Form 1099-DIV. Amount displayed for dividends include dividend reinvestments, money fund earnings, and accrued dividends received.

Reference number	Description	Total Ordinary Dividends Dividends* (Box 1a)	Total Ordinary Dividends Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150000100	*** DAIMLERCHRYSLER AG-EUR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	$ 90.76		$ 90.76				
150000200	ALBERTSONS INC DELAWARE	57.00		57.00				
150000300	ALCOA INC	45.00		45.00				
150000400	AMERICAN INTL GROUP INC	14.00		14.00				
150000500	ANADARKO PETROLEUM CORP	42.00		42.00				
150000600	*** ASTRAZENECA PLC SPON ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	44.75		44.75				
150000700	*** AVENTIS SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	50.45		50.45				
150000800	*** AXA S.A.SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	90.09		90.09				

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SMITH BARNEY citigroup

Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Dividends and Distributions 2004, Boxes 1a - 2d - *continued*

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain* (Box 1a)	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec. 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150000900	*** BASF AG SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	$ 166.95		$ 166.95				
150001000	*** BT GROUP PLC ADR-USD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	119.53		119.53				
150001100	*** BANCO SANTANDER CENT HISPANO S ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	211.91		211.91				
150001200	*** BARCLAYS PLC-ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	249.33		249.33				
150001300	BELLSOUTH CORP	192.50		192.50				
150001400	CATERPILLAR INC	117.00		117.00				
150001500	CHEVRONTEXACO CORP	58.25		58.25				
150001600	COMERICA INC	103.00		103.00				
150001700	CONOCOPHILLIPS	223.75		223.75				
150001800	COSTCO WHOLESALE CORP NEW	30.00		30.00				
150001900	WALT DISNEY CO	36.75		36.75				
150002000	DUKE ENERGY CORP	110.00		110.00				
150002100	ELECTRONIC DATA SYS CORP NEW	40.00		40.00				
150002200	*** ENEL SOCIETA PER AZION ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	327.42		327.42				
150002300	FEDEX CORP	19.50		19.50				
150002400	FIRST DATA CORP	8.00		8.00				
150002500	GANNETT CO INC	32.25		32.25				
150002600	GAP INC DELAWARE	22.20		22.20				
150002700	GENERAL ELECTRIC CO	100.00		100.00				
150002800	*** GLAXOSMITHKLINE PLC SP ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	81.51		81.51				
150002900	GOLDMAN SACHS GROUP INC	25.00		25.00				

2004 YEAR END SUMMARY

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SMITH BARNEY citigroup

Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Dividends and Distributions 2004, Boxes 1a - 2d - continued

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150000000	*** HITACHI LTD-ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	$ 73.50		$ 73.50				
150000100	HONEYWELL INTL INC	14.08		14.08				
150000200	*** ING GROEP NV SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	210.56		210.56				
150000300	INTEL CORP	28.00		28.00				
150000400	INTERNATIONAL PAPER CO	75.00		75.00				
150000500	ISHARES MSCI JAPAN INDEX FUND THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED	35.00		34.88				
150000600	JOHNSON & JOHNSON	54.75		54.75				
150000700	*** LAFARGE SPONS ADR NEW LAFARGE COPPEE THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	104.09		104.09				
150000800	LEHMAN BROTHERS HOLDINGS INC	48.00		48.00				
150000900	LOCKHEED MARTIN CORP	16.60		16.50				
150004000	MARSH & MCLENNAN COS INC	97.50		97.50				
150004100	MERCK & CO INC	46.25		46.25				
150004200	*** NATIONAL AUSTRALIA BK LTD SPONSORED ADR -USD-	149.61		149.61				
150004300	NATIONAL CITY CORP	100.50		100.50				
150004400	*** NISSAN MTR LTD SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	110.56		110.56				
150004500	*** NOMURA HOLDINGS INC ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	36.92		36.92				
150004600	*** NOVARTIS AG ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	39.06		39.06				

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SMITH BARNEY citigroup

Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Dividends and Distributions 2004, Boxes 1a - 2d - *continued*

Reference number	Description	Total Ordinary Dividends Dividends* (Box 1a)	Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150004700	OCCIDENTAL PETROLEUM CORP-DEL	$ 20.63		$ 20.63				
150004800	PROCTER & GAMBLE CO	48.88		48.88				
150004900	ROHM & HAAS CO	11.00		11.00				
150005000	*** ROYAL DUTCH PETROLEUM CO NY REG SH PAR N GLDR 1.25 THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	105.72		105.72				
150005100	*** SAN PAOLO-IMI SPA SPON ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	188.60		188.60				
150005200	*** SANOFI-AVENTIS SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	72.94		72.94				
150005300	SARA LEE CORP	75.00		75.00				
150005400	*** SIEMENS A G SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	103.73		103.73				
150005500	SB MONEY FUNDS CASH PORT CL A	.02						
150005600	*** SONY CORP SPON ADR-NEW THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	17.56		17.56				
150005700	*** TELEFONICA S.A. SPON ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	57.31		57.31				

2004 YEAR END SUMMARY

SMITH BARNEY
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Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Dividends and Distributions 2004, Boxes 1a - 2d - *continued*

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150005800	*** TOTAL S.A SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	$ 109.40		$ 109.40				
150005900	US BANCORP DEL NEW	96.00		96.00				
Totals		**$ 4,855.54**		**$ 4,855.00**				

** The total of these two categories equals the amount reported in Form 1099-DIV, Box 1a.*

Please note

- *"Dividends" includes both Qualified and non-qualified dividends received.*
- *"Total capital gain distributions" is a total of long term capital gain distributions and the amounts reported in Boxes 2b through 2d.*

Details of 1099 Reported Dividends and Distributions 2004, Boxes 3 - 9

The following details show how we derived your total dividends reported on Form 1099-DIV. Amount displayed for dividends include dividend reinvestments, money fund earnings, and accrued dividends received

Reference number	Description	Nontaxable distributions (Box 3)	Federal income tax withheld (Box 4)	Investment expenses (Box 5)	Foreign tax paid (Box 6)	Cash liquidation distributions (Box 8)	Non cash liquidation distributions (Box 9)

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SMITH BARNEY citigroup

Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

Details of Long Term Gain (Loss) 2004

This section shows your sales of securities during the year. The "Sale Proceeds" column excludes any accrued income you may have received. In addition, although cash in lieu less than $20 is not included on Form 1099-B (if applicable), it is included in this section. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125000100	150	ALCOA INC	10/03/02	05/21/04	$ 4,429.02	$ 3,035.61		$ 1,393.41
125000200	26	AVENTIS SPONS ADR	09/17/02	08/26/04	2,040.73	1,398.96		641.77
	25		10/08/02		2,040.73	1,350.72		690.01
125000300	50	BASF AG SPONS ADR	09/17/02	05/25/04	2,461.97	1,974.65		487.32
		CTSY ITG, INC						
		PRIN INCL COMM OF 2.00						
		AND SEC FEE OF 0.06						
125000400	125	BELLSOUTH CORP	09/03/02	08/09/04	3,227.08	2,815.65		411.43
125000500	75	ENEL SOCIETA PER AZION ADR	09/10/02	05/25/04	2,960.56	2,034.30		926.26
		CTSY JEFFERIES INTL LTD						
		PRIN INCL COMM OF 3.75						
		AND SEC FEE OF 0.07						
125000600	75	LOCKHEED MARTIN CORP	09/17/02	05/14/04	3,520.96	4,830.67	(1,309.71)	
125000700	75	MARSH & MCLENNAN COS INC	08/28/02	10/15/04	2,114.01	3,561.93	(1,447.92)	
125000800	75	MERCK & CO INC	09/24/02	02/12/04	3,621.48	3,267.91		353.57
	30		10/17/02		1,448.59	1,450.58	(1.99)	
	20		10/18/02		965.73	958.00		7.73
125000900	25	NATIONAL AUSTRALIA BK LTD	10/01/02	08/27/04	2,327.48	2,310.39		17.09
	25	SPONSORED ADR -USD-	10/08/02		2,327.47	2,300.00		27.47
		CTSY GOLDMAN SACHS & CO						
		PRIN INCL COMM OF 2.00						
125001000	50	NOVARTIS AG ADR	09/24/02	05/14/04	2,186.16	1,868.71		317.45
		CTSY UBS WARBURG LLC						
		PRIN INCL COMM OF 2.50						
		AND SEC FEE OF 0.06						
125001100	50	ROHM & HAAS CO	09/25/02	04/21/04	1,953.84	1,607.12		346.72
		CTSY MERRILL LYNCH,PIERCE,FENN						
		PRIN INCL COMM OF 2.50						
		AND SEC FEE OF 0.05						

2004 YEAR END SUMMARY

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SMITH BARNEY citigroup

Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

Details of Long Term Gain (Loss) 2004 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125001200	81	TELEFONICA S.A. SPON ADR CTSY GOLDMAN SACHS & CO PRIN INCL COMM OF 3.24 AND SEC FEE OF 0.08	09/17/02	06/14/04	$ 3,279.38	$ 1,973.39		$ 1,305.99
Total					$ 40,906.19	$ 36,738.69	($ 2,759.02)	$ 6,926.22

Details of Deposits and Withdrawals 2004

This section reflects any deposits or withdrawals made to your account during the year.

Withdrawals

Reference number	Date	Description	Referral number	Amount	Reference number	Date	Description	Referral number	Amount

2004 YEAR END SUMMARY

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SMITH BARNEY citigroup

Prime Broker Statement
Forms 1099 for 2004

DR. LAWRENCE LEHRNER, TTEE

Payer *Your Financial Consultant*

DR. LAWRENCE LEHRNER, TTEE
THE LEHRNER FAMILY TRUST
9709 CAMDEN HILLS AVE
LAS VEGAS NV
89145-8610

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-INT Interest Income 2004

(OMB No.1545-0112)

Interest income not included in box 3	Early withdrawal penalty	Interest on US Savings Bonds and Treas. obligations	Federal income tax withheld	Investment expenses	Foreign tax paid	Foreign country or US possession
$ 236.62						
Box 1	Box 2	Box 3	Box 4	Box 5	Box 6	Box 7

1099-DIV Dividends and Distributions 2004

(OMB No.1545-0110)

Total ordinary dividends	Qualified dividends	Total capital gain distributions	Unrecaptured Sec. 1250 gain	Section 1202 gain	Collectibles (28%) gain
$ 45,707.04	$ 45,694.33				
Box 1a	Box 1b	Box 2a	Box 2b	Box 2c	Box 2d

Nontaxable distributions	Federal income tax withheld	Investment expenses	Foreign tax paid	Foreign country or US possession	Cash liquidation distributions	Non cash liquidation distributions
			$ 3,785.15	Various		
Box 3	Box 4	Box 5	Box 6	Box 7	Box 8	Box 9

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SMITH BARNEY citigroup

Prime Broker Statement
Forms 1099 for 2004

DR. LAWRENCE LEHRNER, TTEE

Payer *Your Financial Consultant*

DR. LAWRENCE LEHRNER, TTEE
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89145-8610

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1099-B Proceeds from Broker and Barter Exchange Transactions 2004

(OMB # 1545-0715)

Gross proceeds from each transaction are individually reported to the IRS after deducting commissions. For bond transactions, accrued income is also deducted. Taxable accrued interest is reported on Form 1099-INT and included in your "Details of 1099 Reported Interest Income"

Reference number	Date of sale or exchange (Box 1a)	CUSIP number (Box 1b)	Quantity	Description (Box 7)	Price	Gross proceeds less commissions (Box 2)	Federal income tax withheld (Box 4)
120000100	06/20/04	D1668R123001	475	DAIMLERCHRYSLER AG EUR	$ 41.312	$ 19,589.07	
120000200	05/21/04	013817101000	1,150	ALCOA INC	29.894	34,080.03	
120000500	08/25/04	053561106001	350	AVENTIS SPONS ADR REPORTABLE PROCEEDS ON 350 0000 SHARES EXCHANGED ON 08/26/04		28,570.22	
120000600	05/25/04	071813109000	700	BAXTER INTL INC	30.865	21,570.08	
120000700	02/12/04	125509109000	175	C I G N A CORP	53.993	9,424.85	
120001600	03/05/04	524908100000	175	LEHMAN BROTHERS HOLDINGS INC	89.295	15,601.03	
120001700	10/15/04	571748102000	550	MARSH & MCLENNAN COS INC	28.52	15,658.63	
120001800	08/27/04	632525408001	125	NATIONAL AUSTRALIA BK LTD SPONSORED ADR -USD-	93.441	11,659.87	
120002100	08/30/04	652487703001	850	NEWS LTD-ADR-NEW	30.821	26,148.40	
120002200	05/14/04	654902204001	1,100	NOKIA CORP SPONSORED ADR	13.111	14,363.42	
120002300	05/14/04	66987V109001	350	NOVARTIS AG ADR	44.074	15,393.14	
120002600	05/14/04	767204100001	350	RIO TINTO PLC-GBP	84.63	29,591.08	

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SMITH BARNEY citigroup

Prime Broker Statement
Forms 1099 for 2004

DR. LAWRENCE FERRIER ---

This irmation and is being furnished to the Internal Revenue Service. If you are required to file a return, a negther sanction may be imposed on you if this income is taxable and the IRS determines that it has not been.

1099 Broker and Barter Exchange Transactions 2004 - *continued* (OMB# 1545-0716)

RefereSIP number numbex 1b)	Quantity	Description (Box 7)	Price	Gross proceeds less commissions (Box 2)	Federal income tax withheld (Box 4)
120002371107000	525	ROHM & HAAS CO	$ 39.427	$ 20,857.86	
120003119750 1001	350	SIEMENS A G SPONS ADR	69.742	24,390.12	
120003238220 8001	545	TELEFONICA S.A. SPON ADR	40.712	22,150.89	
Totals				$ 308,848.47	

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SMITH BARNEY citigroup

Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

We are pleased to provide you with this overview of activity in your account this year. This information will help you understand the performance of your investments and manage your account with the assistance of your Financial Consultant. This information is not provided to the IRS.

Value of your portfolio

Description	Amount
Combined account balance	$ 26,076.38
Money funds	658.89
Stocks - Long	2,170,971.35
Value of your account on 12/31/04	**$ 2,197,706.62**
Value of your account on 12/31/03	$ 2,034,492.62

Earnings summary 2004

Due to IRS reporting requirements, these figures may not be the same as totals reported on your monthly statement

Description	1099 Reported	1099 Exempt	Total
Interest *	$ 238.62		$ 238.62
Other dividends **	12.71		12.71
Qualified dividends	45,694.33		45,694.33
Totals	**$ 45,943.66**		**$ 45,943.66**

**If you received accrued interest, it is included in this amount*
***If you received money funds earnings, capital gain distributions or non-taxable distributions, they are included in this amount.*

Summary of miscellaneous tax withheld 2004

The following taxes have been withheld in compliance with U.S. federal or foreign regulations.

Description	Amount
Foreign tax paid	$ 3,785.15
Total	**$ 3,785.15**

2004 YEAR END SUMMARY

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SMITH BARNEY citigroup

Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Interest Income 2004

The following details show how we derived your total interest reported on Form 1099-INT. Amounts in Box 1 and Box 3 include any taxable accrued interest received.

Reference number	Description	Interest income not included in box 3 (Box 1)	Early withdrawal penalty (Box 2)	Interest on US Savings Bonds and Treas. obligations (Box 3)	Federal income tax withheld (Box 4)	Investment expenses (Box 5)	Foreign tax paid (Box 6)
130000100	INTEREST ON CREDIT BALANCE	$ 236.62					
Totals In Boxes 1-6		$ 236.62					

Details of 1099 Reported Dividends and Distributions 2004, Boxes 1a - 2d

The following details show how we derived your total dividends reported on Form 1099-DIV. Amount displayed for dividends include dividend reinvestments, money fund earnings, and accrued dividends received.

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain* (Box 1a)	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec. 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150000100	*** DAIMLERCHRYSLER AG-EUR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	$ 882.22		$ 882.22				
150000200	*** UBS AG-CHF THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	701.13		701.13				
150000300	ALCOA INC	345.00		345.00				
150000400	ALLSTATE CORP	729.00		729.00				
150000500	ALLTEL CORP DELAWARE	555.00		555.00				
150000600	AMERICAN EXPRESS CO	115.50		115.50				
150000700	AMERICAN INTL GROUP INC	137.75		137.75				
150000800	ANADARKO PETROLEUM CORP	294.00		294.00				
150000900	*** ASTRAZENECA PLC SPON ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	659.38		659.38				
150001000	*** AVENTIS SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	353.15		353.15				

2004 YEAR END SUMMARY

SMITH BARNEY citigroup

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Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Dividends and Distributions 2004, Boxes 1a - 2d - continued

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150001100	*** AXA S A SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	292.81		292.81				
150001200	*** BASF AG SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	876.46		876.46				
150001300	*** BT GROUP PLC ADR-USD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,115.56		1,115.56				
150001400	BAKER HUGHES INC	426.62		426.62				
150001600	*** BANCO SANTANDER CENT HISPANO S ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,232.87		1,232.87				
150001800	*** BARCLAYS PLC-ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,205.11		1,205.11				
150001700	BAXTER INTL INC	407.40		407.40				
150001800	BELLSOUTH CORP	1,118.00		1,118.00				
150001900	C I G N A CORP	57.75		57.75				
150002000	CATERPILLAR INC	936.00		936.00				
150002100	CHEVRONTEXACO CORP	582.60		582.60				
150002200	COMERICA INC	463.60		463.60				
150002300	CONOCOPHILLIPS	626.60		626.60				
150002400	COSTCO WHOLESALE CORP NEW	142.50		142.50				
150002500	WALT DISNEY CO	304.50		304.50				
150002600	DUKE ENERGY CORP	825.00		825.00				
150002700	*** E ONAG SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	826.56		826.56				
150002800	ELECTRONIC DATA SYS CORP NEW	240.00		240.00				
150002900	*** ENEL SOCIETA PER AZION ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	2,728.49		2,728.49				
150003000	FEDEX CORP	97.50		97.50				

2004 YEAR END SUMMARY

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SMITH BARNEY citigroup

Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Dividends and Distributions 2004, Boxes 1a - 2d - *continued*

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150000100	FIRST DATA CORP	$ 62.00		$ 62.00				
150000200	GANNETT CO INC	280.50		280.50				
150000300	GAP INC DELAWARE	133.20		133.20				
150000400	GENERAL ELECTRIC CO	460.00		460.00				
150000500	*** GLAXOSMITHKLINE PLC SP ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,018.71		1,018.71				
150000600	GOLDMAN SACHS GROUP INC	150.00		150.00				
150000700	*** HSBC HLDG PLC SP ADR NEW THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,108.33		1,108.33				
150000800	*** HITACHI LTD ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	563.54		563.54				
150000900	HONEYWELL INTL INC	89.06		89.06				
150004000	ILLINOIS TOOL WORKS INC	350.00		350.00				
150004100	*** ING GROEP NV SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	995.09		995.09				
150004200	INTEL CORP	208.00		208.00				
150004300	INTERNATIONAL PAPER CO	875.00		875.00				
150004400	ISHARES MSCI JAPAN INDEX FUND THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT A PORTION OF THIS INCOME HAS BEEN RECLASSIFIED	436.31		429.77				
150004500	JOHNSON & JOHNSON	438.00		438.00				
150004600	KIMBERLY CLARK CORP	539.00		539.00				
150004700	*** LAFARGE SPONS ADR NEW LAFARGE COPPEE THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	971.53		971.53				
150004800	LEHMAN BROTHERS HOLDINGS INC	284.00		284.00				
150004900	LOCKHEED MARTIN CORP	318.50		318.50				
150005000	LOWES COMPANIES INC	77.28		77.28				

2004 YEAR END SUMMARY

SMITH BARNEY citigroup

Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Dividends and Distributions 2004, Boxes 1a - 2d - *continued*

Reference number	Description	Total Ordinary Dividends Dividends* (Box 1a)	Total Ordinary Dividends Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec. 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150005100	MARSH & MCLENNAN COS INC	$ 715.00		$ 715.00				
150005200	*** MATSUSHITA ELEC INDL ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	265.02		265.02				
150005300	MERCK & CO INC	335.25		335.25				
150005400	MICROSOFT CORP	2,528.00		2,528.00				
150005500	*** MITSUBISHI TOKYO FINANCIAL GROUP SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	175.48		175.48				
150005600	*** NATIONAL AUSTRALIA BK LTD SPONSORED ADR -USD-	374.01		374.01				
150005700	NATIONAL CITY CORP	603.00		603.00				
150005800	*** NEWS LTD ADR NEW THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	36.60		35.60				
150005900	*** NISSAN MTR LTD SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	751.80		751.80				
150006000	*** NOKIA CORP SPONSORED ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	394.09		394.09				
150006100	*** NOMURA HOLDINGS INC ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	213.31		213.31				
150006200	*** NOVARTIS AG ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	273.41		273.41				
150006300	OCCIDENTAL PETROLEUM CORP DEL	233.76		233.76				
150006400	PROCTER & GAMBLE CO	342.13		342.13				
150006500	*** RIO TINTO PLC GBP THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	529.80		529.80				
150006600	ROHM & HAAS CO	115.50		115.50				

2004 YEAR END SUMMARY

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SMITH BARNEY citigroup

Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Dividends and Distributions 2004, Boxes 1a - 2d - continued

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec. 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150006700	*** ROYAL DUTCH PETROLEUM CO NY REG SH PAR N GLDR 1.25 THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	$ 1,565.80		$ 1,565.80				
150006800	*** SAN PAOLO-IMI SPA SPON ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	683.68		683.68				
150006900	*** SANOFI-AVENTIS SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	510.59		510.59				
150007000	SARA LEE CORP	825.00		825.00				
150007100	*** SIEMENS A G SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	898.97		898.97				
150007200	SB MONEY FUNDS CASH PORT CL A	6.17						
150007300	*** SONY CORP SPON ADR-NEW THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	111.21		111.21				
150007400	SUNTRUST BANKS INC	500.00		500.00				
150007500	*** TELEFONICA S.A. SPON ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	385.80		385.80				
150007600	*** TOTAL S.A SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,531.56		1,531.56				
150007700	US BANCORP DEL NEW	456.00		456.00				

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SMITH BARNEY citigroup

Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

Details of 1099 Reported Dividends and Distributions 2004, Boxes 1a - 2d - *continued*

Reference number	Description	Total Ordinary Dividends: Dividends* (Box 1a)	Total Ordinary Dividends: Short term capital gain*	Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecaptured Sec 1250 gain (Box 2b)	Section 1202 gain (Box 2c)	Collectibles (28%) gain (Box 2d)
150007800	UNITED TECHNOLOGIES CORP	$ 490.00		$ 490.00				
150007900	WASHINGTON MUTUAL INC	1,522.50		1,522.50				
Totals		$ 48,707.04		$ 45,694.33				

** The total of these two categories equals the amount reported in Form 1099-DIV, Box 1a.*

Please note:
- *"Dividends" includes both Qualified and non-qualified dividends received.*
- *"Total capital gain distributions" is a total of long term capital gain distributions and the amounts reported in Boxes 2b through 2d.*

Details of 1099 Reported Dividends and Distributions 2004, Boxes 3 - 9

The following details show how we derived your total dividends reported on Form 1099-DIV. Amount displayed for dividends include dividend reinvestments, money fund earnings, and accrued dividends received.

Reference number	Description	Nontaxable distributions (Box 3)	Federal income tax withheld (Box 4)	Investment expenses (Box 5)	Foreign tax paid (Box 6)	Cash liquidation distributions (Box 8)	Non cash liquidation distributions (Box 9)

2004 YEAR END SUMMARY

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SMITH BARNEY citigroup

Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

Details of Long Term Gain (Loss) 2004

This section shows your sales of securities during the year The "Sale Proceeds" column excludes any accrued income you may have received. In addition, although cash in lieu less than $20 is not included on Form 1099-B (if applicable), it is included in this section. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125000100	475	DAIMLERCHRYSLER AG-EUR CTSY MORGAN STANLEY & CO. INC PRIN INCL COMM OF 19.00 AND SEC FEE OF 0.46	09/19/02	05/20/04	$ 19,589.07	$ 17,783.56		$ 1,805.51
125000200	1,150	ALCOA INC	10/03/02	05/21/04	34,090.03	23,138.81		10,951.22
125000300	350	AVENTIS SPONS ADR	09/17/02	08/26/04	28,570.22	19,390.41		9,179.81
125000400	700	BAXTER INTL INC	09/26/02	05/26/04	21,570.06	22,936.41	(1,366.35)	
125000500	175	C I G N A CORP CTSY JEFFERIES INTL LTD PRIN INCL COMM OF 8.75 AND SEC FEE OF 0.45	09/04/02	02/12/04	9,424.66	13,930.21	(4,505.56)	
125000600	175	LEHMAN BROTHERS HOLDINGS INC	08/09/02	03/05/04	16,601.03	9,778.72		6,822.31
125000700	650	MARSH & MCLENNAN COS INC	08/28/02	10/15/04	15,656.63	25,964.95	(10,308.32)	
125000800	125	NATIONAL AUSTRALIA BK LTD SPONSORED ADR -USD- CTSY GOLDMAN SACHS & CO PRIN INCL COMM OF 5.00	09/17/02	08/27/04	11,659.87	12,351.76	(691.89)	
125000900	.606	NEENAH PAPER INC CASH IN LIEU OF .60606 RECORD 11/19/04 PAY 11/30/04	09/09/02	12/09/04	18.39	19.35	(.96)	
125001000	850	NEWS LTD-ADR NEW CTSY ITG, INC PRIN INCL COMM OF 34.00 AND SEC FEE OF 0.62	09/19/02	08/30/04	26,148.40	18,241.21		7,907.19
125001100	1,100	NOKIA CORP SPONSORED ADR CTSY INSTINET CLEARING SERVICE PRIN INCL COMM OF 44.00 AND SEC FEE OF 0.34	09/11/02	05/14/04	14,363.42	16,333.90	(1,970.48)	
125001200	350	NOVARTIS AG ADR CTSY UBS WARBURG LLC PRIN INCL COMM OF 17.50 AND SEC FEE OF 0.37	09/24/02	06/14/04	15,393.14	12,990.94		2,402.20

2004 YEAR END SUMMARY

SMITH BARNEY citigroup

Burley 38 63

Prime Broker Statement
2004 Year End Summary

DR. LAWRENCE LEHRNER, TTEE

Details of Long Term Gain (Loss) 2004 - *continued*

Reference number	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125001300	350	RIO TINTO PLC-GBP CTSY PERSHING PRIN INCL COMM OF 14.00 AND SEC FEE OF 0.70	09/17/02	05/14/04	$ 29,591.06	$ 24,653.36		$ 4,937.72
125001400	625	ROHM & HAAS CO CTSY MERRILL LYNCH,PIERCE,FENN PRIN INCL COMM OF 26.25 AND SEC FEE OF 0.49	09/25/02	04/21/04	20,657.88	16,743.48		3,914.40
125001500	350	SIEMENS A G SPONS ADR CTSY ITG, INC PRIN INCL COMM OF 14.00 AND SEC FEE OF 0.58	09/19/02	08/15/04	24,380.12	13,179.62		11,200.50
125001600	548	TELEFONICA S.A. SPON ADR CTSY GOLDMAN SACHS & CO PRIN INCL COMM OF 21.79 AND SEC FEE OF 0.62	09/17/02	05/14/04	22,150.89	13,240.34		8,910.55
Total					$ 306,866.88	$ 260,877.01	($ 18,841.68)	$ 67,031.41

Details of Deposits and Withdrawals 2004

This section reflects any deposits or withdrawals made to your account during the year.

Deposits

Reference number	Date	Description	Amount
210000100	04/30/04	UBS AG-CHF TAX REFUND OF 20% RECORD 04/16/03 PAY 04/23/03 X/D 04/17/03	$ 108.64
Total			$ 108.64

Withdrawals

Reference number	Date	Description	Referral number	Amount

Reference number	Date	Description	Referral number	Amount

2004 YEAR END SUMMARY

charles SCHWAB

Account Statement
Retain for Your Records

Statement Period: December 1, 2004 to December 31, 2004
Last Statement: November 30, 2004

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Account Opened In: 1994
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LAWRENCE M LEHRNER TTEE
LEHRNER FAMILY LIVING TRUST
U/A DTD 02/22/1996
9709 CAMDEN HILLS AVE
LAS VEGAS NV 89145-8610

Account Value Summary	
Cash & Sweep Money Market Funds	$ 7,576.14
Investments	$ 220,339.08
Total Account Value	$ 227,915.22

Change In Value Summary	
Change in Value Since November 30, 2004:	$ 629.05
Change in Value Since January 1, 2004:	$ (83,051.13)

Rate Summary	
Schwab Muni MMF	1.22%

Investment Detail

Description	Symbol	Quantity Long/Short		Price	Market Value
Cash and Money Market Funds (Sweep)					
CASH					$ (90,000.00)
SCH MUNI MONEY FUND	SWXXX	97,576.1400	L	$ 1	97,576.14
Investments					
SCUDDER HIGH YIELD TAX FREE FUND CL S ◊	SHYTX	6,903.3210	L	$ 12.7900	$ 88,293.48
DAVITA INC	DVA	750	L	39.5300	29,647.50
HARTFORD FINL SVCS GRP ◊	HIG	92.6072	L	69.3100	6,418.61
I T T INDUSTRIES INC INDIANA ◊	ITT	19.8925	L	84.4500	1,679.92
INTL BUSINESS MACHINES ◊	IBM	41.8091	L	98.5800	4,121.54
PFIZER INCORPORATED ◊	PFE	647.5125	L	26.8900	17,411.61
SIRIUS SATELLITE RADIO	SIRI	2,500	L	7.6200	19,050.00
DREYFUS S&P 500 INDEX ◊	PEOPX	483.1230	L	35.2700	17,039.75
WILLIAM BLAIR INTL GROWTH FUND CLASS N ◊	WBIGX	1,660.3290	L	22.0900	36,676.67
	Total Account Value				$ 227,915.22

Buckley 31 1/03

Please see "Footnotes for Your Account" section for an explanation of the footnote codes and symbols on this statement.

.CNCR0215-012783 1009618

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SCHWAB

Member: Shelley Berkley NV-01

Form 1099
with Account Summary
Retain for your Records

Tax Year 2004

Page 1
Date Prepared: January 26, 2005

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
101 MONTGOMERY ST.
SAN FRANCISCO, CA 94104
Federal ID Number:

Recipient's Name and Address

LAWRENCE M LEHRNER TTEE
LEHRNER FAMILY LIVING TRUST
U/A DTD 02/22/1996
9709 CAMDEN HILLS AVE
LAS VEGAS NV

Please Note!

Some companies have not confirmed the final status of their distributions for tax reporting at this time. Revised Form 1099s will be issued should Schwab receive updated information from these companies. Please refer to the enclosed insert for additional information.

Taxpayer ID Number:
Account Number:

Dividends and Distributions - 2004 — **Form 1099-DIV**

Department of the Treasury-Internal Revenue Service — Copy B for Recipient (OMB No. 1545-0110)

Box	Description	Amount	Total
1a	Total Ordinary Dividends (Includes amount shown in box 1b)	$	$ 878.21
1b	Qualified Dividends	827.42	
2a	Total Capital Gain Distributions (Includes amount shown in boxes 2b, 2c and 2d)		0.00
2b	Unrecap. Sec. 1250 Gain	0.00	
2c	Section 1202 Gain	0.00	
2d	Collectibles (28%) Gain	0.00	
3	Nontaxable Distributions		0.00
4	**Federal Income Tax Withheld**		**0.00**
5	Investment Expenses		0.00
6	Foreign Tax Paid		0.00
8	Cash Liquidation Distributions		0.00
9	Noncash Liquidation Distributions		0.00

Interest Income - 2004 — **Form 1099-INT**

Department of the Treasury-Internal Revenue Service — Copy B for Recipient (OMB No. 1545-0112)

Box	Description	Total
1	Interest Income Not Included in Box 3	$ 0.00
2	Early Withdrawal Penalty	0.00
3	Interest on U.S. Savings Bonds and Treasury Obligations	0.00
4	**Federal Income Tax Withheld**	**0.00**
5	Investment Expenses	0.00
6	Foreign Tax Paid	0.00

Miscellaneous Income - 2004 — **Form 1099-MISC**

Department of the Treasury-Internal Revenue Service — Copy B for Recipient (OMB No. 1545-0115)

Box	Description	Total
2	Royalties	$ 0.00
4	**Federal Income Tax Withheld**	**0.00**
8	Substitute Payments in Lieu of Dividends or Interest	0.00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the I.R.S. determines that it has not been reported. If you should have any questions regarding information being reported on this form please call us at 1-800-435-4000.

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Member: Shelley Berkley NV-01

Form 1099
with Account Summary
Keep for your Records

Tax Year 2004

Date Prepared: January 26, 2005

Taxpayer ID Number:
Account Number:

DETAIL INFORMATION OF DIVIDENDS AND DISTRIBUTIONS

Cusip Number	*Description*	*Paid in 2004*	*Paid/Adjusted in 2005 for 2004*	*Amount*
Ordinary Dividends				
Non-Qualified Dividends				
093001402	WILLIAM BLAIR INTL	$ 0.00	$ 9.59	$ 9.59
Total Non-Qualified Dividends (Included in Box 1a)		**$ 0.00**	**$ 9.59**	**$ 9.59**
Short Term Capital Gains				
811170208	SCUDDER HIGH YIELD TAX	$ 41.20	$ 0.00	$ 41.20
Total Short Term Capital Gains (Included in Box 1a)		**$ 41.20**	**$ 0.00**	**$ 41.20**
Qualified Dividends				
093001402	WILLIAM BLAIR INTL	$ 9.59	$ (9.59)	$ 0.00
26200Q105	DREYFUS S&P 500 INDEX	248.05	0.00	248.05
416515104	HARTFORD FINL SVCS GRP	102.61	0.00	102.61
450911102	I T T INDUSTRIES INC	13.26	0.00	13.26
459200101	INTL BUSINESS MACHINES	29.13	0.00	29.13
717081103	PFIZER INCORPORATED	434.37	0.00	434.37
Total Qualified Dividends (Box 1b and included in Box 1a)		**$ 837.01**	**$ (9.59)**	**$ 827.42**
Total Ordinary Dividends (Box 1a) (Non-Qualified Dividends, Short Term Capital Gains and Qualified Dividends)		**$ 878.21**	**$ 0.00**	**$ 878.21**

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Member: Shelley Berkley NV-01

Form 1099
with Account Summary
Retain for your Records

Tax Year 2004

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Date Prepared: January 26, 2005

Taxpayer ID Number:
Account Number:

ACCOUNT SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS
The information in this and all subsequent sections is not being provided to the IRS by Charles Schwab It is being provided to you as additional tax reporting information that you may need to complete your tax return

SUPPLEMENTAL INFORMATION

Tax-Exempt Dividends

Cusip Number	Description	Paid in 2004	Paid/Adjusted in 2005 for 2004	Amount
808515308	SCH MUNI MONEY FUND	$ 150.84	$ 0.00	$ 150.84
811170208	SCUDDER HIGH YIELD TAX	4,523.90	0.00	4,523.90
Total Tax-Exempt Dividends		**$ 4,674.74**	**$ 0.00**	**$ 4,674.74**

Investment Activity for 2004 - Stocks

Activity	Quantity	Security Description	Trade Date	Settle Date	Price	Net Amount
REINVEST	0.4257	HARTFORD FINL SVCS GRP	01/05/04		59.8500	$ (25.48)
REINVEST	0.3905	HARTFORD FINL SVCS GRP	04/02/04		65.5500	(25.60)
REINVEST	0.3772	HARTFORD FINL SVCS GRP	07/02/04		68.1600	(25.71)
REINVEST	0.4053	HARTFORD FINL SVCS GRP	10/04/04		63.7000	(25.82)
REINVEST	0.0422	I T T INDUSTRIES INC	01/05/04		74.8200	(3.16)
REINVEST	0.0438	I T T INDUSTRIES INC	04/02/04		76.8000	(3.36)
REINVEST	0.0413	I T T INDUSTRIES INC	07/02/04		81.6900	(3.37)
REINVEST	0.0418	I T T INDUSTRIES INC	10/04/04		80.5800	(3.37)
REINVEST	0.0719	INTL BUSINESS MACHINES	03/11/04		92.3117	(6.64)
REINVEST	0.0829	INTL BUSINESS MACHINES	06/14/04		90.2407	(7.48)
REINVEST	0.0863	INTL BUSINESS MACHINES	09/13/04		86.8956	(7.50)
REINVEST	0.0779	INTL BUSINESS MACHINES	12/13/04		96.3988	(7.51)
REINVEST	2.8793	PFIZER INCORPORATED	03/08/04		37.4500	(107.83)
REINVEST	3.0076	PFIZER INCORPORATED	06/07/04		36.0154	(108.32)
REINVEST	3.3177	PFIZER INCORPORATED	09/07/04		32.8031	(108.83)
REINVEST	4.0251	PFIZER INCORPORATED	12/06/04		27.1767	(109.39)
BUY	1,144.0000	SIRIUS SATELLITE RADIO	10/07/04	10/13/04	4.0800	(4,672.07)
BUY	1,356.0000	SIRIUS SATELLITE RADIO	10/07/04	10/13/04	4.0800	(5,537.88)
Total Purchases/Adjustments - Stocks					**$**	**(10,789.32)**
Total Proceeds/Adjustments - Stocks					**$**	**0.00**

Investment Activity for 2004 - Mutual Funds

Activity	Quantity	Security Description	Trade Date	Settle Date	Price	Net Amount
REINVEST	7.1160	DREYFUS S&P 500 INDEX	12/13/04		34.8600	$ (248.05)
REINVEST	31.2380	SCUDDER HIGH YIELD TAX	01/26/04		12.9000	(402.97)
REINVEST	25.7380	SCUDDER HIGH YIELD TAX	02/23/04		12.9600	(333.56)
REINVEST	28.6040	SCUDDER HIGH YIELD TAX	03/25/04		12.9300	(369.85)

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Member: Shelley Berkley NV-01

Form 1099
with Account Summary
Retain for your Records

Tax Year 2004

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Date Prepared: January 26, 2005

Taxpayer ID Number:
Account Number:

ACCOUNT SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS (continued)
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SUPPLEMENTAL INFORMATION (continued)

Investment Activity for 2004 - Mutual Funds (continued)

Activity	Quantity	Security Description	Trade Date	Settle Date	Price	Net Amount
REINVEST	30.7030	SCUDDER HIGH YIELD TAX	04/26/04		12.6700	$ (389.01)
REINVEST	26.7270	SCUDDER HIGH YIELD TAX	05/24/04		12.4600	(333.02)
REINVEST	30.0090	SCUDDER HIGH YIELD TAX	06/24/04		12.4900	(374.81)
REINVEST	29.8840	SCUDDER HIGH YIELD TAX	07/26/04		12.5800	(375.94)
REINVEST	27.9340	SCUDDER HIGH YIELD TAX	08/25/04		12.6600	(353.64)
REINVEST	31.8350	SCUDDER HIGH YIELD TAX	09/24/04		12.7500	(405.90)
REINVEST	29.8140	SCUDDER HIGH YIELD TAX	10/25/04		12.7800	(381.02)
REINVEST	29.4780	SCUDDER HIGH YIELD TAX	11/23/04		12.7300	(375.26)
REINVEST	3.2210	SCUDDER HIGH YIELD TAX	12/14/04		12.7900	(41.20)
REINVEST	33.6140	SCUDDER HIGH YIELD TAX	12/27/04		12.7600	(428.92)
REINVEST	0.4540	WILLIAM BLAIR INTL	12/16/04		21.1300	(9.59)
Total Purchases/Adjustments - Mutual Funds					**$**	**(4,822.74)**
Total Proceeds/Adjustments - Mutual Funds					**$**	**0.00**

Investment Activity for 2004 - Totals

Total Purchases/Adjustments (Not Reported to the IRS):	**$**	**(15,612.96)**
Total Proceeds/Adjustments (Not Reported to the IRS):	**$**	**0.00**

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Account Statement
Retain for Your Records

Statement Period: October 1, 2004 to December 31, 2004
Last Statement: September 30, 2004

Schwab Independent Investing | Signature™

Account Opened In: 1996
Page 1

Rollover IRA
Account Number:

LAWRENCE M LEHRNER
CHARLES SCHWAB & CO INC.CUST
IRA ROLLOVER
9709 CAMDEN HILLS AVE
LAS VEGAS NV 89145-8610

Account Value Summary	
Cash & Sweep Money Market Funds	$ 0.00
Investments	$ 47,666.78
Total Account Value	$ 47,666.78

Change in Value Summary	
Change in Value Since September 30, 2004:	$ 4,330.41
Change in Value Since January 1, 2004:	$ 4,605.10

Investment Detail

Description	Symbol	Quantity Long/Short		Price	Market Value
Investments					
AMERICAN CENTURY ULTRA 0 FUND INV	TWCUX	1,615.8230	L	$ 29.5000	$ 47,666.78
	Total Account Value				$ 47,666.78

Contribution Summary

	2003	2004
Traditional IRA	$ 0.00	$ 0.00
Year to Date Total:	$0.00	$0.00

Please see "Footnotes for Your Account" section for an explanation of the footnote codes and symbols on this statement.

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Member Shelley Berkley NV-01 spouse 401(K) Putman Investments

Date	Source	Transaction	Investment	Amount	SharePrice	Shares
7/30/2004	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	0.74	1.00	0.74
7/30/2004	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	10.19	1.00	10.19
7/30/2004	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	7.48	1.00	7.48
7/16/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	150.00	1.00	150.00
7/16/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL EQUITY	25.00	20.56	1.22
7/13/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	25.00	12.00	2.08
7/16/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM VOYAGER FUND	25.00	15.20	1.65
7/16/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	25.00	17.75	1.41
6/30/2004	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	0.69	1.00	0.69
6/30/2004	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	9.52	1.00	9.52
6/30/2004	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	6.78	1.00	6.78
6/29/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	150.00	1.00	150.00
6/29/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL EQUITY	25.00	20.92	1.20
6/29/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	25.00	12.60	1.98
6/29/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM VOYAGER FUND	25.00	16.00	1.56
6/29/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	25.00	18.19	1.37
6/14/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	300.00	1.00	300.00
6/14/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL EQUITY	50.00	20.40	2.45
6/14/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	50.00	12.62	3.96
6/14/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM VOYAGER FUND	50.00	15.98	3.13
6/14/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	50.00	17.96	2.78
6/7/2004	EMPLOYER MATCH	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	24.41	18.17	1.34
6/7/2004	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	78.70	18.17	4.33
6/7/2004	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	110.43	18.17	6.08
5/28/2004	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	0.54	1.00	0.54
5/28/2004	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	7.45	1.00	7.45
5/28/2004	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	5.21	1.00	5.21
5/11/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	150.00	1.00	150.00
5/11/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL EQUITY	25.00	19.92	1.26
5/11/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	25.00	12.38	2.02
5/11/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM VOYAGER FUND	25.00	15.62	1.60
5/11/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	25.00	17.41	1.44
5/3/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	150.00	1.00	150.00
5/3/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL EQUITY	25.00	20.77	1.20
5/3/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	25.00	12.50	2.00
5/3/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM VOYAGER FUND	25.00	15.75	1.59
5/3/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	25.00	17.90	1.40
4/30/2004	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	0.58	1.00	0.58
4/30/2004	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	7.98	1.00	7.98
4/30/2004	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	5.42	1.00	5.42
4/22/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	150.00	1.00	150.00
4/22/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL EQUITY	25.00	21.32	1.17
4/22/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	25.00	12.83	1.95
4/22/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM VOYAGER FUND	25.00	16.21	1.54
4/22/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	25.00	18.21	1.37
3/31/2004	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	0.65	1.00	0.65
3/31/2004	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	8.96	1.00	8.96
3/31/2004	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	5.93	1.00	5.93

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Member Shelley Berkley NV-01 spouse 401(K) Putman Investments

Date	Source	Transaction	Investment	Amount	SharePrice	Shares
3/31/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	150.00	1.00	150.00
3/31/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL EQUITY	25.00	21.32	1.17
3/31/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	25.00	12.72	1.97
3/31/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM VOYAGER FUND	25.00	16.00	1.56
3/31/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	25.00	18.08	1.38
3/15/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	150.00	1.00	150.00
3/15/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL EQUITY	25.00	20.48	1.22
3/15/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	25.00	12.46	2.01
3/15/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM VOYAGER FUND	25.00	15.62	1.60
3/15/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	25.00	17.72	1.41
3/5/2004	EMPLOYER MATCH	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	(24.34)	(18.54)	(1.31)
3/5/2004	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	(78.48)	(18.54)	(4.23)
3/5/2004	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	(105.65)	(18.54)	(5.70)
3/5/2004	EMPLOYER MATCH	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	24.34	18.54	1.31
3/5/2004	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	78.48	18.54	4.23
3/5/2004	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	109.71	18.54	5.92
3/5/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	150.00	1.00	150.00
3/5/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL EQUITY	25.00	21.77	1.15
3/5/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	25.00	13.06	1.91
3/5/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM VOYAGER FUND	25.00	16.39	1.53
3/5/2004	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	25.00	18.54	1.35
3/5/2004	EMPLOYER MATCH	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	24.34	18.54	1.31
3/5/2004	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	78.48	18.54	4.23
3/5/2004	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	105.65	18.54	5.70
2/27/2004	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	0.57	1.00	0.57
2/27/2004	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	7.77	1.00	7.77
2/27/2004	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	5.17	1.00	5.17
2/27/2004	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	(0.57)	(1.00)	(0.57)
2/27/2004	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	(7.77)	(1.00)	(7.77)
2/27/2004	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	(5.16)	(1.00)	(5.16)
2/27/2004	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	0.57	1.00	0.57
2/27/2004	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	7.77	1.00	7.77
2/27/2004	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	5.16	1.00	5.16
2/26/2004	EMPLOYEE PRE-TAX	RETURN OF EXCESS CONTRI	PUTNAM MONEY MARKET FUND	413.60	(1.00)	413.60
2/26/2004	EMPLOYEE PRE-TAX	EARNINGS GAIN/LOSS	PUTNAM INTERNATIONAL EQUITY	8.81	0.00	0.00
2/26/2004	EMPLOYEE PRE-TAX	RETURN OF EXCESS CONTRI	PUTNAM INTERNATIONAL EQUITY	1,835.39	(21.32)	86.09
2/26/2004	EMPLOYEE PRE-TAX	EARNINGS GAIN/LOSS	PUTNAM GROWTH OPPORTUNITIES	535.49	0.00	0.00
2/26/2004	EMPLOYEE PRE-TAX	RETURN OF EXCESS CONTRI	PUTNAM GROWTH OPPORTUNITIES	1,073.21	(13.01)	82.49
2/26/2004	EMPLOYEE PRE-TAX	EARNINGS GAIN/LOSS	PUTNAM VOYAGER FUND	84.51	0.00	0.00
2/26/2004	EMPLOYEE PRE-TAX	RETURN OF EXCESS CONTRI	PUTNAM VOYAGER FUND	468.94	(16.25)	28.86
2/26/2004	EMPLOYEE PRE-TAX	EARNINGS GAIN/LOSS	PUTNAM GROWTH AND INCOME FUND	180.66	0.00	0.00
2/26/2004	EMPLOYEE PRE-TAX	RETURN OF EXCESS CONTRI	PUTNAM GROWTH AND INCOME FUND	1,490.60	(18.33)	81.32
2/26/2004	EMPLOYEE PRE-TAX	RETURN OF EXCESS CONTRI	PUTNAM MONEY MARKET FUND	(413.60)	1.00	(413.60)
2/26/2004	EMPLOYEE PRE-TAX	EARNINGS GAIN/LOSS	PUTNAM INTERNATIONAL EQUITY	(8.81)	0.00	0.00
2/26/2004	EMPLOYEE PRE-TAX	RETURN OF EXCESS CONTRI	PUTNAM INTERNATIONAL EQUITY	(1,835.39)	21.32	(86.09)
2/26/2004	EMPLOYEE PRE-TAX	EARNINGS GAIN/LOSS	PUTNAM GROWTH OPPORTUNITIES	(535.49)	0.00	0.00
2/26/2004	EMPLOYEE PRE-TAX	RETURN OF EXCESS CONTRI	PUTNAM GROWTH OPPORTUNITIES	(1,073.21)	13.01	(82.49)

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MembeNV-01 spouse 401(K) Putman Investments

Date	Source	Transaction	Investment	Amount	SharePrice	Shares
2/26/2004	EMPLO	EARNINGS GAIN/LOSS	PUTNAM VOYAGER FUND	(84.51)	0.00	0.00
2/26/2004	EMPLO	RETURN OF EXCESS CONTRI	PUTNAM VOYAGER FUND	(468.94)	16.25	(28.86)
2/26/2004	EMPLO	EARNINGS GAIN/LOSS	PUTNAM GROWTH AND INCOME FUND	(180.66)	0.00	0.00
2/26/2004	EMPLO	RETURN OF EXCESS CONTRI	PUTNAM GROWTH AND INCOME FUND	(1,490.60)	18.33	(81.32)
2/25/2004	EMPLO	RETURN OF EXCESS CONTRI	PUTNAM MONEY MARKET FUND	(413.21)	1.00	(413.21)
2/25/2004	EMPLO	EARNINGS GAIN/LOSS	PUTNAM INTERNATIONAL EQUITY	0.66	0.00	0.00
2/25/2004	EMPLO	RETURN OF EXCESS CONTRI	PUTNAM INTERNATIONAL EQUITY	(1,843.09)	21.43	(86.01)
2/25/2004	EMPLO	EARNINGS GAIN/LOSS	PUTNAM GROWTH OPPORTUNITIES	(535.80)	0.00	0.00
2/25/2004	EMPLO	RETURN OF EXCESS CONTRI	PUTNAM GROWTH OPPORTUNITIES	(1,071.36)	13.00	(82.41)
2/25/2004	EMPLO	EARNINGS GAIN/LOSS	PUTNAM VOYAGER FUND	(85.58)	0.00	0.00
2/25/2004	EMPLO	RETURN OF EXCESS CONTRI	PUTNAM VOYAGER FUND	(467.34)	16.21	(28.83)
2/25/2004	EMPLO	EARNINGS GAIN/LOSS	PUTNAM GROWTH AND INCOME FUND	(182.92)	0.00	0.00
2/25/2004	EMPLO	RETURN OF EXCESS CONTRI	PUTNAM GROWTH AND INCOME FUND	(1,486.74)	18.30	(81.24)
2/17/2004	EMPLO	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	150.00	1.00	150.00
2/17/2004	EMPLO	CONTRIBUTIONS	PUTNAM INTERNATIONAL EQUITY	25.00	21.98	1.14
2/17/2004	EMPLO	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	25.00	13.18	1.90
2/17/2004	EMPLO	CONTRIBUTIONS	PUTNAM VOYAGER FUND	25.00	16.47	1.52
2/17/2004	EMPLO	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	25.00	18.49	1.35
2/2/2004	EMPLO	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	150.00	1.00	150.00
2/2/2004	EMPLO	CONTRIBUTIONS	PUTNAM INTERNATIONAL EQUITY	25.00	21.09	1.19
2/2/2004	EMPLO	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	25.00	13.05	1.92
2/2/2004	EMPLO	CONTRIBUTIONS	PUTNAM VOYAGER FUND	25.00	16.24	1.54
2/2/2004	EMPLO	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	25.00	18.05	1.39
1/30/2004	EMPLO	DIVIDEND	PUTNAM MONEY MARKET FUND	0.64	1.00	0.64
1/30/2004	EMPLOARING	DIVIDEND	PUTNAM MONEY MARKET FUND	8.81	1.00	8.81
1/30/2004	EMPLO	DIVIDEND	PUTNAM MONEY MARKET FUND	5.79	1.00	5.79

Fidelity INVESTMENTS

NEPHROLOGY & ENDOCRINE ASSOCIATES 401(K) PLAN

LAWRENCE LEHRNER
9709 CAMDEN HILLS AVE
LAS VEGAS, NV 89145-0000

Retirement Savings Statement

Customer Service: (800) 835-5097
Fidelity Investments Institutional Services Co.
82 Devonshire Street
Boston, MA 02109

Your Account Summary

Statement Period: 01/01/2004 to 12/31/2004

Beginning Balance	**$0.00**
Your Contributions	$3,000.00
Balance Forward	$280,204.99
Fees	-$1.00
Change in Market Value	$25,496.97
Ending Balance	**$308,700.96**
Additional Information	
Vested Balance	$308,700.96
Dividends & Interest	$4,602.08

Your Personal Rate of Return

This Period	**9.0%**

Your Personal Rate of Return is calculated with a time-weighted formula, widely used by financial analysts to calculate investment earnings. It reflects the results of your investment selections as well as any activity in the plan account(s) shown. There are other Personal Rate of Return formulas used that may yield different results. Remember that past performance is no guarantee of future results.

Your Asset Allocation

Statement Period: 01/01/2004 to 12/31/2004

Why is This Important?

e-Learning: Learn about asset allocation.

Pulley 48 Pg

- 50.72% Stock Investments: $156,560.16
- 49.28% Bond Investments: $152,140.80

Your account is allocated among the asset classes specified above as of 12/31/2004. Percentages and totals may not be exact due to rounding.

Market Value of Your Account

Statement Period: 01/01/2004 to 12/31/2004

Displayed in this section is the value of your account for the statement period, in both shares and dollars.

Investment	Shares as of 12/31/2003	Shares as of 12/31/2004	Price as of 12/31/2003	Price as of 12/31/2004	Market Value as of 12/31/2003	**Market Value as of 12/31/2004**
Stock Investments					**$0.00**	**$156,560.16**
Large Cap						
FID Contrafund	0.000	844.215	$49.35	$56.74	$0.00	$47,900.76
FID Equity Income II	0.000	0.000	$22.78	$24.01	$0.00	$0.00
FID Growth Company	0.000	0.000	$50.07	$56.07	$0.00	$0.00
International						
FID Diversified Intl	0.000	2,128.894	$24.12	$28.64	$0.00	$60,971.52
Specialty						
FID Real Estate Inve	0.000	1,614.349	$23.71	$29.54	$0.00	$47,687.88
Bond Investments					**$0.00**	**$152,140.80**
Stable Value						
FID MGD Inc Port	0.000	109,249.160	$1.00	$1.00	$0.00	$109,249.16
Income						
Fidelity US BD Index	0.000	3,850.237	$11.19	$11.14	$0.00	$42,891.64
Short Term Investments					**$0.00**	**$0.00**
Fidelity Retire Mmkt	0.000	0.000	$1.00	$1.00	$0.00	$0.00
Account Totals					**$0.00**	**$308,700.96**

Remember that a dividend payment to fund shareholders reduces the share price of the fund, so a decrease in the share price for the statement period does not necessarily reflect lower fund performance.

Your Contribution Elections

As of 02/15/2005

History > Transaction History >

Transaction History Results

Change Time Period

Click a column heading to sort the table by that category. Click the arrow within the column heading to reverse the sort order.

Click the ⊞ for source detail

You can download your selected transaction history from NetBenefits to popular finance packages such as Microsoft Money™ or Quicken™. Download History

Learn about a new convenient way to download transaction history directly to Microsoft Money™ or Quicken™

History Period: 01/01/2004 to 12/31/2004

View by: Investment | Source

Transaction History:

Date	Investment	Transaction	$ Amount	# Shares or Units
12/31/2004	FIDELITY US BD INDEX	Dividends	$129.14	11.593
12/31/2004	FID MGD INC PORT	Dividends	$355.08	355.080
12/27/2004	FIDELITY US BD INDEX	Contribution	$75.00	6.751
12/27/2004	FID REAL ESTATE INVS	Contribution	$75.00	2.664
12/27/2004	FID MGD INC PORT	Contribution	$200.00	200.000
12/27/2004	FID DIVERSIFIED INTL	Contribution	$75.00	2.641
12/27/2004	FID CONTRAFUND	Contribution	$75.00	1.333
12/23/2004	FID CONTRAFUND	Dividends	$29.48	0.522
12/17/2004	FIDELITY US BD INDEX	Dividends	$152.73	13.710
12/17/2004	FID REAL ESTATE INVS	Dividends	$1,163.06	40.078
12/10/2004	FID DIVERSIFIED INTL	Dividends	$443.10	16.272
12/03/2004	FIDELITY US BD INDEX	Contribution	$75.00	6.720
12/03/2004	FID REAL ESTATE INVS	Contribution	$75.00	2.543
12/03/2004	FID MGD INC PORT	Contribution	$200.00	200.000
12/03/2004	FID DIVERSIFIED INTL	Contribution	$75.00	2.663
12/03/2004	FID CONTRAFUND	Contribution	$75.00	1.343
11/30/2004	FIDELITY US BD INDEX	Dividends	$128.69	11.584
11/30/2004	FID MGD INC PORT	Dividends	$341.69	341.690
11/09/2004	FID MGD INC PORT	Fees	-$1.00	-1.000
11/05/2004	FIDELITY US BD INDEX	Contribution	$37.50	3.357
11/05/2004	FID REAL ESTATE INVS	Contribution	$37.50	1.365
11/05/2004	FID MGD INC PORT	Contribution	$100.00	100.000
11/05/2004	FID DIVERSIFIED INTL	Contribution	$37.50	1.392
11/05/2004	FID CONTRAFUND	Contribution	$37.50	0.695
10/31/2004	FIDELITY US BD INDEX	Dividends	$131.05	11.669
10/31/2004	FID MGD INC PORT	Dividends	$351.08	351.080
10/22/2004	FIDELITY US BD INDEX	Contribution	$37.50	3.338
10/22/2004	FID REAL ESTATE INVS	Contribution	$37.50	1.388
10/22/2004	FID MGD INC PORT	Contribution	$100.00	100.000
10/22/2004	FID DIVERSIFIED INTL	Contribution	$37.50	1.460
10/22/2004	FID CONTRAFUND	Contribution	$37.50	0.727
10/08/2004	FIDELITY US BD INDEX	Contribution	$37.50	3.354
10/08/2004	FID REAL ESTATE INVS	Contribution	$37.50	1.410
10/08/2004	FID MGD INC PORT	Contribution	$100.00	100.000
10/08/2004	FID DIVERSIFIED INTL	Contribution	$37.50	1.456
10/08/2004	FID CONTRAFUND	Contribution	$37.50	0.719
09/30/2004	FIDELITY US BD INDEX	Dividends	$130.56	11.689
09/30/2004	FID MGD INC PORT	Dividends	$322.88	322.880
09/23/2004	FIDELITY US BD INDEX	Contribution	$75.00	6.690
09/23/2004	FID REAL ESTATE INVS	Contribution	$75.00	2.918
09/23/2004	FID MGD INC PORT	Contribution	$200.00	200.000
09/23/2004	FID DIVERSIFIED INTL	Contribution	$75.00	2.998
09/23/2004	FID CONTRAFUND	Contribution	$75.00	1.460
09/09/2004	FID MGD INC PORT	Exchanges	$30,000.00	30,000.000
09/09/2004	FID DIVERSIFIED INTL	Realized Gain/Loss	$545.13	0.000

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2/15/2005

09/09/2004	FID DIVERSIFIED INTL	Exchanges	-$30,000.00	-1,211.632
09/07/2004	FID REAL ESTATE INVS	Exchanges	$9,000.00	339.750
09/07/2004	FID DIVERSIFIED INTL	Realized Gain/Loss	$163.53	0.000
09/07/2004	FID DIVERSIFIED INTL	Exchanges	-$9,000.00	-363.490
09/03/2004	FIDELITY US BD INDEX	Contribution	$37.50	3.378
09/03/2004	FID REAL ESTATE INVS	Dividends	$820.87	31.235
09/03/2004	FID REAL ESTATE INVS	Contribution	$37.50	1.427
09/03/2004	FID MGD INC PORT	Contribution	$100.00	100.000
09/03/2004	FID DIVERSIFIED INTL	Contribution	$37.50	1.529
09/03/2004	FID CONTRAFUND	Contribution	$37.50	0.743
08/31/2004	FIDELITY US BD INDEX	Dividends	$21.56	1.930
08/31/2004	FID MGD INC PORT	Dividends	$59.75	59.750
08/26/2004	FIDELITY US BD INDEX	Exchanges	$41,750.00	3,754.496
08/26/2004	FID MGD INC PORT	Exchanges	-$83,500.00	-83,500.000
08/26/2004	FID CONTRAFUND	Exchanges	$41,750.00	836.673
08/25/2004	FIDELITY RETIRE MMKT	Exchanges	-$31,169.44	-31,169.440
08/25/2004	FIDELITY RETIRE MMKT	Dividends	$21.46	21.460
08/25/2004	FID REAL ESTATE INVS	Exchanges	$31,169.44	1,189.673
08/25/2004	FID MGD INC PORT	Exchanges	$159,819.68	159,819.680
08/25/2004	FID GROWTH COMPANY	Realized Gain/Loss	$0.02	0.000
08/25/2004	FID GROWTH COMPANY	Exchanges	-$83,855.54	-1,736.499
08/25/2004	FID EQUITY INCOME II	Realized Gain/Loss	$67.94	0.000
08/25/2004	FID EQUITY INCOME II	Exchanges	-$75,964.14	-3,397.323
08/19/2004	FID MGD INC PORT	Contribution	$500.00	500.000
08/02/2004	FIDELITY RETIRE MMKT	Balance Forward	$31,147.98	31,147.980
08/02/2004	FID GROWTH COMPANY	Balance Forward	$83,855.52	1,736.499
08/02/2004	FID EQUITY INCOME II	Balance Forward	$75,896.20	3,397.323
08/02/2004	FID DIVERSIFIED INTL	Balance Forward	$89,305.29	3,673.604

Change Time Period

Questions? Call (800) 835-5097.

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Morgan Stanley

RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2004

Your Financial Advisor

Account Number

IRA Rollover
Dated 06/11/97
Householding Anniv. Date
11/05/2002

ROCHELLE L BERKLEY
9709 CAMDEN HILLS AVE
LAS VEGAS NV 89145-8610

Access Your Account at:

Asset Summary

	Value	% of Assets
Money Market Funds	$2,837.47	5.08
Stocks	0.00	0.0
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	37,517.43	67.3
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	15,479.61	27.7
Asset Value	$55,834.51	100.00
Cash	0.00	
Total Asset Value	$55,834.51	

Income Summary

	This Month	Year-To-Date
Money Market Funds	$3.74	$9.96
Stocks	0.00	0.00
Municipal Bonds	0.00	0.00
Corporate Fixed Income	0.00	0.00
Government Securities	0.00	0.00
Mutual Funds	136.08	273.50
Unit Investment Trusts	0.00	0.00
Certificates of Deposit	0.00	0.00
Other	0.00	12.45
Total Income	$139.82	$295.91

Activity Summary

Total Asset Value November 30 2004		$54,429.95
Cash/Money Market Activity for December		
Closing Balance 11/30	$2,833.73	
Credits To Your Account		
Dividends and Interest	139.82	
Deposits	0.00	
Sales Proceeds/Redemptions	0.00	
Other Credits	1,528.31	
Total Credits	1,668.13	
Debits To Your Account		
Withdrawals	0.00	
Funds to Purchase Securities	-1,664.39	
Other Debits	0.00	
Total Debits	1,664.39	
Closing Balance 12/31	2,837.47	
Net Change Cash/Money Market Activity		3.74
Changes In Asset Value for December		
Value of Priced Assets 11/30	$51,596.22	
Securities Bought	1,664.39	
Securities Received	0.00	
Securities Sold/Redeemed	0.00	
Securities Delivered	0.00	
Transactions at Fund Company	0.00	
Change in Value of Priced Assets	-263.57	
Value of Priced Assets 12/31	52,997.04	
Net Change In Asset Value		1,400.82
Total Asset Value as of December 31 2004		$55,834.51

Please see page 5 for your Account's Retirement Recap.

Investments and services are offered through Morgan Stanley DW Inc., member SIPC

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Morgan Stanley

RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2004

ROCHELLE L BERKLEY
9709 CAMDEN HILLS AVE

Account Number

ASSET DETAILS

Cash and Money Market Funds	Amount	Pct of Assets	Est Yrly Income
CASH	.00	---	---
LIQUID ASSET FUND	2,837.47	5.08	45
Total Cash and Money Market Funds	$2,837.47	5.08	$45
Net Change Since Last Statement	$3.74		

Annualized 30 Day Yields

Liquid Asset Fund	1.60%
U. S. Gov't Money Market Tr.	1.47%

Mutual Funds	Current Price	Value	Pct of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Symbol	Dividend/ Cap Gains Option
Morgan Stanley Mutual Funds								
323.156 INTERNATL VALUE EQUITY FD B	12.6900	4,100.85	7.4%	N/A	N/A	383173554	IVQBX	Reinv/Reinv
261.295 PACIFIC GROWTH FUND B	14.1300	2,277.41	4.1%	N/A	N/A	383173546	TGRBX	Reinv/Reinv
343.212 EUROPEAN EQUITY FUND B	15.9500	5,474.23	9.9%	N/A	N/A	383173511	EUGBX	Reinv/Reinv
464.348 DIVIDEND GRWTH SECURITIES B	37.0900	17,223.67	30.8%	N/A	N/A	383173503	DIVBX	Reinv/Reinv
Total Morgan Stanley Mutual Funds		29,075.16	52.2%	N/A	N/A			
Other Mutual Funds								
463.352 PHOENIX-DUEMANN NIFTY FIFTY A	18.2200	8,442.27	15.1%	N/A	N/A		PANFX	Reinv/Reinv
Total Mutual Funds		$37,517.43	67.3%	N/A	N/A			
Net Change Since Last Statement		$1,191.26						

Other	Est. NAV	Valuation Est.	Pct of Assets	Fund Number	Date	Additional Information
Managed Futures						
193.798 MS SPECTRUM SELECT (EST.VAL)	29.10	5,639.52	10.1%	0	12/30	
214.961 MS SPECTRUM TECH (EST.VAL)	23.88	5,133.26	9.2%	0	12/30	
322.165 MS SPECTRUM CURRENCY (EST.VAL)	14.61	4,706.83	8.4%	0	12/30	
Total Other		$15,479.61	27.7%			

Investments and services are offered through Morgan Stanley DW Inc., member SIPC

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Morgan Stanley

RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2004

ROCHELLE L BERKLEY
9709 CAMDEN HILLS AVE

Account Number

Net Change Since Last Statement $209.56

Asset Summary

	Value	Est Yrly Income
Total Asset Value	$55,834.51	345
Total Net Change in Priced Assets Since Last Statement	$1,400.82	

CREDITS TO YOUR ACCOUNT

Dividends and Interest

Date	Activity	Description	Amount	Income Category
12-15	Dividend	DIVIDEND GRWTH SECURITIES B	73.74	Mutual funds
12-23	Dividend	INTERNATL VALUE EQUITY FD B	13.55	Mutual funds
12-23	Dividend	EUROPEAN EQUITY FUND B	48.79	Mutual funds
12-31	Dividend	LIQUID ASSET FUND	3.74	Money Market Funds
		Total Dividends and Interest	139.83	

See Income Summary on page 1 for the month-to-date and year-to-date amounts per income category.

Other Credits

Date	Activity	Description	Amount	Additional Information
12-15	L/T Capital Gain	DIVIDEND GRWTH SECURITIES B	1,284.30	
12-23	S/T Capital Gain	INTERNATL VALUE EQUITY FD B	62.09	
12-23	L/T Capital Gain	INTERNATL VALUE EQUITY FD B	181.52	
		Total Other Credits	$1,528.31	

Total Credits To Your Account $1,669.33

Investments and services are offered through Morgan Stanley DW Inc., member SIPC

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Morgan Stanley

RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2004

Account Number

ROCHELLE L BERKLEY
9709 CAMDEN HILLS AVE

DEBITS TO YOUR ACCOUNT

Funds to Purchase Securities

Trade Date	Settle Date	Activity	Quantity	Description	Price	Amount	Additional Information
12-15	12-15	Direct Purchase	1.996	DIVIDEND GRWTH SECURITIES B	36.9400	73.74	DIVIDEND REINVESTMENT
12-15	12-15	L/T Capital Gain	34.778	DIVIDEND GRWTH SECURITIES B	36.9400	1,284.70	REINVESTMENT
12-23	12-23	Direct Purchase	1.081	INTERNATL VALUE EQUITY FD B	12.5400	13.55	DIVIDEND REINVESTMENT
12-23	12-23	S/T Capital Gain	4.951	INTERNATL VALUE EQUITY FD B	12.5400	62.09	REINVESTMENT
12-23	12-23	L/T Capital Gain	14.475	INTERNATL VALUE EQUITY FD B	12.5400	181.52	REINVESTMENT
12-23	12-23	Direct Purchase	3.076	EUROPEAN EQUITY FUND B	15.8600	48.79	DIVIDEND REINVESTMENT
				Total Funds to Purchase Securities		-1,664.39	

Total Debits To Your Account -1,664.39

ADDITIONAL ACCOUNT INFORMATION

Money Market

Date	Activity	Description	Amount	Additional Information
		Closing Balance 11/30	2,833.73	
12-31	Dividend Reinvestment	LIQUID ASSET FUND	3.74	
		Closing Balance 12/31	2,837.47	

Morgan Stanley Fund Summary

	YTD Dividends	YTD Cap Gains	YTD Taxes	Features
LATIN AMERICAN GROWTH FD B	2,282.75	0.00	0.00	Pay Dividends to DWR/Reinvest Cap. Gains
INFORMATION FUND B	0.00	0.00	0.00	Reinvest Dividends and Capital Gains
GLOBAL ADVANTAGE FUND B	0.00	0.00	0.00	Reinvest Dividends and Capital Gains
INTERNATL VALUE EQUITY FD B	13.55	243.61	0.00	Reinvest Dividends and Capital Gains
DEVELOPING GRW SECURITIES B	0.00	0.00	0.00	Reinvest Dividends and Capital Gains
PACIFIC GROWTH FUND B	0.00	0.00	0.00	Reinvest Dividends and Capital Gains
EUROPEAN EQUITY FUND B	48.79	0.00	0.00	Reinvest Dividends
LIQUID ASSET FUND	9.96	0.00	0.00	Reinvest Dividends and Capital Gains
DIVIDEND GRWTH SECURITIES B	203.69	2,787.57	0.00	

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

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Morgan Stanley

RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2004

ROCHELLE L BERKLEY
9709 CAMDEN HILLS AVE

Account Number

Morgan Stanley Fund Summary

	YTD Dividends	YTD Cap Gains	YTD Taxes	Features
Totals	$2,550.74	$3,033.18	$0.00	

LIQUID ASSET FUND
Following are the Fund's 30-day average annualized yields during the past quarter: October 1.22%, November 1.39%, and December 1.60%.

Retirement Recap

	2004	2003
Account Valuation	$5,834.51	$2,079.61

Messages

Consolidated Statement of Financial Condition (in thousands of dollars)
At 11/30/04, Morgan Stanley DW Inc. had net capital of $1,129,792, which exceeded the SEC's minimum requirement by $1,037,728
A copy of the Morgan Stanley DW Inc. Consolidated Statement of Financial Condition at 11/30/04 can be viewed online at the Morgan Stanley Web site http://www.morganstanley.com/about/ir/shareholder/morganstanley_dw_inc.pdf, or may be mailed to you at no cost by calling toll free 1(866)279-4496 after February 14, 2005.

Investments and services are offered through Morgan Stanley DW Inc., member SIPC

Berkley 57/63

Morgan Stanley

CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2004

Your Financial Advisor

Account Number

Roth Converted IRA
Dated 12/21/98
Householding Anniv. Date:
11/05/2002

ROCHELLE BERKLEY
9709 CAMDEN HILLS AVE
LAS VEGAS NV 89145-8610

Asset Summary

	Value	% of Assets
Money Market Funds	$1,279.77	1.0%
Stocks	0.00	0.0
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	123,757.68	99.0
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	$125,037.45	100.0%
Cash	0.00	
Total Asset Value	**$125,037.45**	

Income Summary

	This Month	Year-To-Date
Money Market Funds	$1.62	$12.66
Stocks	0.00	0.00
Municipal Bonds	0.00	0.00
Corporate Fixed Income	0.00	0.00
Government Securities	0.00	0.00
Mutual Funds	442.26	1,283.16
Unit Investment Trusts	0.00	0.00
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	**$443.88**	**$1,295.82**

Activity Summary

Total Asset Value November 30 2004		**$121,076.62**
Cash/Money Market Activity for December		
Closing Balance 11/30	$1,276.15	
Credits To Your Account		
Dividends and Interest	443.88	
Deposits	0.00	
Sales Proceeds/Redemptions	0.00	
Other Credits	610.27	
Total Credits	1,054.15	
Debits To Your Account		
Withdrawals	0.00	
Funds to Purchase Securities	-1,052.53	
Other Debits	0.00	
Total Debits	-1,052.53	
Closing Balance 12/31	1,279.77	
Net Change Cash/Money Market Activity		1.62
Changes in Asset Value for December		
Value of Priced Assets 11/30	$119,798.47	
Securities Bought	1,052.53	
Securities Received	0.00	
Securities Sold/Redeemed	0.00	
Securities Delivered	0.00	
Transactions at Fund Company	0.00	
Change in Value of Priced Assets	2,906.68	
Value of Priced Assets 12/31	123,757.68	
Net Change in Asset Value		3,959.21
Total Asset Value as of December 31 2004		**$125,037.45**

Please see page 2 for your important Choice Account Details.
Please see page 5 for your Account's Retirement Recap.

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

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Morgan Stanley

CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2004

ROCHELLE BERKLEY
9709 CAMDEN HILLS AVE

ASSET DETAILS

Cash and Money Market Funds	Amount	Pct of Assets	Est Yrly Income
CASH	.00	---	---
LIQUID ASSET FUND	1,279.77	1.0%	20
Total Cash and Money Market Funds	$1,279.77	1.0%	$20
Net Change Since Last Statement	$1.62		

Annualized 30 Day Yields	
Liquid Asset Fund	1.60%
U. S. Gov't Money Market Tr	1.47%

Mutual Funds		Current Price	Value	Pct of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Symbol	Dividend/ Cap Gains Option
Other Mutual Funds									
125.117	MSIF EMERGING MARKETS A	19.1100	2,590.99	2.0%	N/A	N/A		MGEMX	Reinv/Reinv
103.433	MSIF INTERNATL SMALL CAP A	25.1100	2,597.20	2.1%	N/A	N/A		MSISX	Reinv/Reinv
308.462	EMERALD GROWTH FUND A	13.1700	4,062.44	3.2%	N/A	N/A		MSPGX	Reinv/Reinv
5,089.635	GOLDMAN SACHS STRATEGIC GRW A	8.8500	45,043.27	36.0%	N/A	N/A		GGRAX	Reinv/Reinv
206.841	MSIF TR US SMALL CAP VAL INST	22.6700	4,689.54	3.8%	N/A	N/A		MPSCX	Reinv/Reinv
1,451.025	PIONEER HIGH YIELD A	11.6100	16,846.40	13.5%	N/A	N/A		TAHYX	Reinv/Reinv
216.981	JP MORGAN MID CAP VALUE A	22.0500	4,784.43	3.8%	N/A	N/A		JAMCX	Reinv/Reinv
203.046	DELAWARE GROWTH OPPORT A	21.8600	4,436.56	3.5%	N/A	N/A		DFCIX	Reinv/Reinv
1,267.737	DAVIS NEW YORK VENTURE A	30.6900	38,906.85	31.1%	N/A	N/A		NYVTX	Reinv/Reinv
Total Mutual Funds			$123,757.68	99.0%	N/A	N/A			
Net Change Since Last Statement			$3,959.21						

Asset Summary	Value	Est Yrly Income
Total Asset Value	$125,037.45	$20
Total Net Change in Priced Assets Since Last Statement	$3,959.21	

Choice Account Details
Your Choice anniversary year started on 1/06/04 and finishes on 1/31/05.

Investments and services are offered thru Morgan Stanley DW Inc., member SIPC.

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Morgan Stanley

CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2004

Your Financial Advisor

3800 H... ...V STE 800
LAS VEGAS, NV
(702) 737-7275

ROCHELLE BERKLEY
9709 CAMDEN HILLS AVE
LAS VEGAS NV 89145-8810

Roth Converted IRA
Dated 12/21/98
Householding Anniv. Date:
11/05/2002

GAIN AND LOSS SUMMARY

The Gain and Loss information is provided for informational purposes only. We recommend that you contact your tax advisor to determine the appropriate information to be used in the preparation of your tax return. This Gain and Loss Summary is not a substitute 1099 form (or any other appropriate tax form) and should not be filed with your taxes.

For most securities purchased after 1985 through Morgan Stanley DW Inc., the necessary data, including cost basis (purchase price), is provided to estimate gain or loss. Please note that although Morgan Stanley DW Inc. makes every effort to adjust the cost basis for such securities' capital changes, it does not adjust the cost basis for all events, including amortization of non-municipal bond premiums; exercise of stock options; securities deemed to have been sold and simultaneously repurchased; receipt of cash in lieu of fractional shares; or the net effect of wash sales and/or short sales against the box.

For securities not purchased through Morgan Stanley DW Inc., for example, securities purchased elsewhere and later transferred to it, you will need to supply the relevant information either to your Financial Advisor or directly onto ClientServ, independently of Morgan Stanley DW Inc. In either case, it is your responsibility to ensure the accuracy of this information, since Morgan Stanley DW Inc. has no knowledge of such assets' cost basis. To correct any information supplied by Morgan Stanley DW Inc., please inform your Financial Advisor; to correct any information supplied by you, you may either inform your Financial Advisor or input the data directly yourself through ClientServ.

For Managed Futures funds, these funds may typically be redeemed only once monthly, at the fund's final net asset value ("NAV") as of each month's end. The fund's final NAV for each month - and therefore the exact amount of any investor's gain or loss realized that month- becomes available, however, only midway into the following month. Separately, all unrealized gain and loss figures are only estimates. Morgan Stanley DW Inc. does not guarantee nor will it independently verify the accuracy of the information in the Gain and Loss Summary.

Unrealized Gain/(Loss)	Quantity	Date Acquired	Unit Cost	Adjusted Total Cost	Market Value	Unrealized Gain/(Loss)	Additional Information
Mutual Funds							
Other Mutual Funds							
MSIF EMERGING MARKETS A	124	01-06-04	16.1100	1,997.64	2,369.64	372.00	Short Term
	.146	01-06-04	16.1643	2.36	2.79	.43	Short Term
DIVIDEND REINVESTMENT	.971	12-27-04	18.7332	18.19	18.56	.37	Short Term
	125.117		16.1304	2,018.19	2,390.99	372.80	

This summary is not part of your account statement. It is for information purposes only and should not be used for tax preparation.

Investments and services are offered thr... Morgan Stanley DW Inc., member SIPC.

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Morgan Stanley

CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2004

ROCHELLE BERKLEY
9709 CAMDEN HILLS AVE

Unrealized Gain/(Loss)	Quantity	Date Acquired	Unit Cost	Adjusted Total Cost	Market Value	Unrealized Gain/(Loss)	Additional Information
MSIF INTERNATL SMALL CAP A	94	01-04-04	21.0998	1,983.39	2,360.33	376.94	Short Term
	.787	01-06-04	21.1054	16.61	19.76	3.15	Short Term
DIVIDEND REINVESTMENT	8.646	07-02-04	24.7154	213.69	217.11	3.42	Short Term
	103.433		21.4021	2,213.69	2,597.20	383.51	
EMERALD GROWTH FUND A	300	01-06-04	13.3300	3,999.00	3,950.99	(48.01)	Short Term
	.075	01-06-04	13.3333	1.00	0.98	(.02)	Short Term
DIVIDEND REINVESTMENT	8.387	08-23-04	11.0695	92.84	110.47	17.63	Short Term
	308.462		13.2685	4,092.84	4,062.44	(30.40)	
GOLDMAN SACHS STRATEGIC GRW A	.757	01-06-04	8.4544	6.40	6.69	.29	Short Term
	5,088	01-06-04	8.4500	42,993.60	45,028.80	2,035.20	Short Term
DIVIDEND REINVESTMENT	.878	12-09-04	8.6902	7.63	7.78	.15	Short Term
	5,089.635		8.4500	43,007.63	45,043.27	2,035.64	
MSIF TR US SMALL CAP VAL INST	.481	01-06-04	23.5758	11.34	10.90	(.44)	Short Term
	169.118	01-06-04	23.5850	3,988.66	3,833.90	(154.76)	Short Term
DIVIDEND REINVESTMENT	37.262	06-10-04	21.8439	813.95	844.74	30.79	Short Term
	206.861		23.2714	4,813.95	4,689.54	(124.41)	
PIONEER HIGH YIELD A	1,330	01-06-04	12.0300	15,999.90	15,441.28	(558.62)	Short Term
	.008	01-06-04	12.5000	0.10	0.09	(.01)	Short Term
DIVIDEND REINVESTMENT	121.017	01-30-04	11.6479	1,409.60	1,405.03	(4.57)	Short Term
	1,451.025		11.9981	17,409.60	16,846.40	(563.20)	
JP MORGAN MID CAP VALUE A	213	01-06-04	18.7300	3,989.49	4,696.64	707.15	Short Term
	.561	01-06-04	18.7344	10.51	12.37	1.86	Short Term
DIVIDEND REINVESTMENT	3.420	08-31-04	21.7046	74.23	75.42	1.19	Short Term
	216.981		18.7768	4,074.23	4,784.43	710.20	
DELAWARE GROWTH OPPORT A	203	01-06-04	19.6999	3,999.09	4,435.55	436.46	Short Term
	.046	01-06-04	19.7826	0.91	1.01	.10	Short Term
	203.046		19.6999	4,000.00	4,436.56	436.56	
DAVIS NEW YORK VENTURE A	.088	01-06-04	27.8409	2.45	2.70	.25	Short Term
	1,258	01-06-04	27.8199	34,997.55	38,608.02	3,610.47	Short Term
DIVIDEND REINVESTMENT	9.649	12-01-04	30.2497	291.88	296.13	4.25	Short Term
	1,267.737		27.8384	35,291.88	38,906.85	3,614.97	
Totals for positions with cost data available				$116,922.01	$123,757.68	$6,835.67	
Total Market Value for all positions					$123,757.68		

This summary is not part of your account statement. It is for information purposes only and should not be used for tax preparation.

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

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Morgan Stanley

CHOICE RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 2004

ROCHELLE BERKLEY
9709 CAMDEN HILLS AVE

Unrealized Gain/(Loss)	Quantity	Date Acquired	Unit Cost	Adjusted Total Cost	Market Value	Unrealized Gain/(Loss)	Additional Information

The "Total Cost" and "Unit Cost" for Fixed Income Unit Trusts, Mortgage-Backed Securities, and Zero Coupon Bonds has been adjusted to reflect any partial return of principal or capital that may have been paid to you, or accreted interest earned, since your purchase date. In the event that the accumulated total return of principal or capital is greater than the provided original cost, the adjusted cost will be "0.00".

Realized Gain/(Loss)		Quantity	Date Acquired	Date Sold	Adjusted Total Cost	Proceeds	Realized Gain/(Loss)	Additional Information
Long Term								
AKAMAI TECHNOLOGIES INC		370	07-11-01	01-06-04	2,890.96	4,077.20	1,186.24	Long Term
BT SP500-LINK IDX .000	1-28-08	20,000	01-13-99	01-09-04	please provide	21,600.00		
MORGAN STANLEY		400	01-13-99	01-06-04	please provide	23,286.91		
MORGAN STANLEY		1,100	01-13-99	01-06-04	please provide	64,006.00		
Sub Total Long Term					$2,890.96	$4,077.20	$1,186.24	
Totals for closing transactions with cost data available					$2,890.96	$4,077.20	$1,186.24	
Total Proceeds						$112,970.11		

Summary	Short Term	Long Term	Total
Unrealized gain	$7,602.10	$0.00	$7,602.10
Unrealized (loss)	($766.43)	$0.00	($766.43)
Realized gain YTD	$0.00	$1,186.24	$1,186.24
Realized (loss) YTD	$0.00	$0.00	$0.00

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

Morgan Stanley

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ACTIVE ASSETS ACCOUNT ®
FOR MONTH ENDING DECEMBER 31, 2004

Your Financial Advisor

Account Number

AAA Customer Service
1-800-869-3326
Householding Anniv. Date
10/26/2002

LAWRENCE M LEHRNER TTEE
FOR THE LEHRNER FAMILY LIVING
TRUST DTD 2/22/96
9703 CAMDEN HILLS AVENUE
LAS VEGAS NV 89145-8810

Asset Summary

	Value	*% of Assets*
Money Market Funds	$837.46	4.3%
Stocks	18,251.37	95.7
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	0.00	0.0
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	$19,088.83	100.0%
Cash	0.00	
Total Asset Value	$19,088.83	

Income Summary

	This Month	*Year-To-Date*
Money Market Funds	$1.18	$6.01
Stocks	53.00	245.88
Municipal Bonds	0.00	0.00
Corporate Fixed Income	0.00	0.00
Government Securities	0.00	0.00
Mutual Funds	0.00	0.00
Unit Investment Trusts	0.00	0.00
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	$54.18	$251.89
Taxable Income	$54.18	$231.89
Tax Exempt Income	$0.00	$0.00

Activity Summary

Total Asset Value November 30 2004		$19,[illegible]
Cash/Money Market Activity for December		
Closing Balance 11/30	$783.28	
Credits To Your Account		
Dividend and Interest	54.18	
Deposits	0.00	
Sales Proceeds/Redemptions	0.00	
Other Credits	0.00	
Total Credits	54.18	
Debits To Your Account		
Checking	0.00	
Debit Card	0.00	
Withdrawals	0.00	
Funds to Purchase Securities	0.00	
Other Debits	0.00	
Total Debits	0.00	
Closing Balance 12/31	837.46	
Net Change Cash/Money Market Activity		54.18
Changes in Asset Value for December		
Value of Priced Assets 11/30	$17,801.39	
Securities Bought	0.00	
Securities Received	0.00	
Securities Sold/Redeemed	0.00	
Securities Delivered	0.00	
Transactions at Fund Company	0.00	
Change In Value of Priced Assets	449.98	
Value of Priced Assets 12/31	18,251.37	
Net Change In Asset Value		449.98
Total Asset Value as of December 31 2004		$19,088.83

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

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Morgan Stanley

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ACTIVE ASSETS ACCOUNT ®
FOR MONTH ENDING DECEMBER 31, 2004

LAWRENCE M LEHRNER TTEE
FOR THE LEHRNER FAMILY LIVING

Account Number

ASSET DETAILS

Cash and Money Market Funds	Amount	Pct of Assets	Est Yrly Income
CASH	.00	---	---
ACTIVE ASSETS MONEY TRUST	837.46	4.3%	14
Total Cash and Money Market Funds	$837.46	4.3%	$14
Net Change Since Last Statement	$54.18		

Annualized 30 Day Yields

Active Assets Money Trust..... 1.75%

Stocks	Current Price	Value	Pct of Assets	Est Yrly Income	Dividend Yield	Symbol	Additional Information
Common Stocks							
151 STANDARD & POORS DEP RECPTS	120.87	18,251.37	95.7%	343	1.87%	SPY	Next Dividend Payable 01/31/05
Total Stocks		$18,251.37	95.7%	$343	1.87%		
Net Change Since Last Statement		$449.98					

Asset Summary	Value	Est Yrly Income
Total Asset Value	$19,088.83	$357
Total Net Change In Priced Assets Since Last Statement	$449.98	

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

Howard L. Berman
2221 Rayburn H.O.B.
Washington, D.C. 20515

202-225-4695

MC

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 28	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you have any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Howard L. Berman	5/26/05

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Name HOWARD L. BERMAN | Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
6	State of California	Legislative pension	$4,800

For payments to charity in lieu of honoraria, use Schedule II.

Name HOWARD L. BERMAN | Page 3 of [illegible]

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 2004 Aug. 13, 2004	$2,000 $500
Ca. Cable and Telecommunications Assn.	Speech and panel	8/2/04	$750.00

This page may be copied if more space is required.

Name HOWARD L. BERMAN | Page 4 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	Abbott Labs			X										X								X										
	Amer. Int'l Group			X										X								X										
	Anadarko Petroleum			X										X								X										
	Automatic Data Processing			X										X								X										
	Bellsouth			X										X									X									
	Burlington Nthn. (BNI)			X										X								X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Howard L. Berman | Page 5 of 6

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	ENDOWED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
	Cisco Systems			X																	X											
	Coca Cola Co.			X										X								X										
	Comcast Corp.			X																	X											
	Dell Inc.			X																	X											
	Emerson Electric Co.			X										X								X										
	Exxon Mobil Corp.			X										X								X										
	Fannie Mae			X										X								X										
	General Electric Co.			X																		X										
	Hewlett Packard Co.			X										X								X										
	Illinois Tool Works Inc			X										X								X										
	Intel Corp.			X										X								X										
	IBM			X										X								X										
	Johnson & Johnson			X										X								X										
	McGraw Hill Corp.			X										X								X										
	Northrop Inc.			X										X								X										
	Merck & Co.			X										X								X										
	Powell Inc.		X																		X											
	Pfizer			X										X								X										
	PPG Industries			X										X								X										
	Procter & Gamble			X										X								X										
	Raytheon Co.			X										X								X										
	SBC Communications			X										X									X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HOWARD L. BERMAN

Page 6 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Sierra Pacific Resources				X																X											
	Sprint Corp.			X										X									X									
	State Street Corp.			X										X								X										
	Union Pacific Corp.			X										X								X										
	UQM Technologies			X																	X											
	Vodafone Group			X										X								X										
	Walt Disney Co.			X										X								X										
	Wells Fargo & Co.			X										X								X										
	Wrigley Wm. Jr. Co.			X										X								X										
	UBS Money Market Fund				X											X							X									
	Phoenix-Aberdeen Small Mid Cap Fund				X																X											
	Phoenix-Kayne Small Cap Fund				X									X									X									
	Pimco Commodity Real Return Strategy Fund				X									X										X								
	Van Kampen Govt. Bond Fund				X									X									X									
	Costco Fold Motor Inst Certificates	X														X							X									
	Goldman Sachs Money Mkt	X														X							X									
	Hull Power Capital Inst	X														X						X										
	Morgan Stanley Capital Inst II	X														X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HOWARD L. BERMAN | Page 7 of [illegible]

SP OC.	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction
	Hour Roebach Corp. Corp. Series Notes	X														X							X									
	US Restaurant Properties Div	X												X		X					X											
	Pomona Cal Rev. Bond Hospital			X												X							X									
	Ca. State Public Works Rev. Bond			X												X					X											
	Ca. State FSA Hood. Sub Fund			X												X							X									
	Rancho Hidalgo (A Partnership - now Hood - Sub Fund			X												X							X									
	Providence Parking LPS				X										X									X								

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SCHEDULE IV — TRANSACTIONS

Name

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-04		X								
SP	Schwab One Account		X		3/2/04	[redacted]	X								
	James Fund, Marisco Fund, James Twenty Fund														
	Pimco Commodity Fund	X			4/28/04		X								
	Sierra Pacific Resources	X			1/20/04		X								
	UQM Technologies Inc.	X			3/22/04	X									
	Ford Motor Co. Trust Certificates		X		4/28/04	X									
	Electronic Data Sys. Corp.		X		11/30/04	X									
	General Motors Corp. Senior Notes		X		4/28/04	X									
	Gulf Power Capital Trust		X		12/01/04	X									
	Kraft Foods		X		11/30/04	X									
	Morgan Stanley Capital Trust		X		12/01/04	X									
	Santa Margarita Co. Bonds		X		8/20/04	X									
	Sears Roebuck Accep. Corp. Senior Notes		X		5/10/04	X									
	US Restaurant Properties		X		12/01/04	X									
	Wells Fargo Capital Trust		X		12/01/04	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	Congressional Federal Credit Union	Line of credit loan	X									
	Revolving Credit Cards											
	MNBA		X									
	Citibank		X									
	Discover		X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	World Economic Forum (return trip by official CODEL)	1/20-1/25	Wash., DC - Davos Switz.	Y	Y	Y	N
	The Aspen Institute	5/22-5/28 [redacted]	LA - Barcelona - LA	Y	Y	Y	N
	CA Cable + Telecommunication	8/12-8/13	LA - Anchorage - LA	Y	Y	N	N
	The Aspen Institute	8/18-8/27	LA - [redacted] - LA	Y	Y	Y	3 days
	Amer. Coal Public Affairs Conv.	10/23-10/27	LA - Hollywood, FL - LA	Y	Y	Y	2 days
	Salem Center for Middle East Policy	12/3-12/5	No travel	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 2005 95-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 11 PM 12:58
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

Robert Marion Berry
(Full Name)

2305 RAYBURN ~~1115 Longworth~~, House Office Building
(Mailing Address)

202-225-4076
Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Arkansas District: First	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	J Marion Berry	5/11/05

Name Robert Marion Berry	Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
CARMAR Lowe, Inc. (Spouse)	Spouse Directors fee	1,200.00
Marion Berry, Inc. (Spouse)	Spouse, salary	17,747.00
Mitchell Berry, Inc. (Spouse)	Spouse, salary	4,000.00
Pecan Post, Inc. (Spouse)	Spouse, salary	15,000.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Robert Marion Berry	Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations Wash. D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500

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Name Robert Marion Berry | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

Block A	Block B	Block C	Block D	Block E
	A None; B $1 - $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example: Partnership Income or Farm Inc.; etc.)	I None; II $1 - $200; III $201 – $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	
SP Mega Corp Stock	F X	DIVIDENDS X	IV X	P
DC, *Examples:* Simon & Schuster	Indefinite	Royalties		
JT 1st Bank of Paducah, KY accounts	F X	INTEREST X	VI X	
SP Marion Berry, Inc. Note 1	F X	QUALIFIED BLIND TRUST: salary	VII X	
SP Pecan Post, Inc. Note 2	I X	QUALIFIED BLIND TRUST: salary	VI X	
SP CARMAR Lowe, Inc. Note 3	F X	QUALIFIED BLIND TRUST: director fee	IV X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert Marion Berry

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P. S. E
	Riceland Foods, Inc. Note4			X																	X										
	Planters&Merchants Bank of Gillett, AR Note 5			X										X									X								
	140 Main St., Gillett, AR		X																		X										
	Marion Berry, Inc. Profit Sharing plan Note 6							X								X										X					
	Planters & Merchants Bank of Gillett, AR			X												X							X								
	Mony Group, Inc.				X									X								X									
	JT Rental (408 3rd St.) SE, Washington, DC							X							X											X					
	Note 1 closely held farming corporation, Gillett, Arkansas																														
	Note 2 farm land ownership for rental, DeWitt, Arkansas																														
	Note 3 family farmland for rental, Gillett, Arkansas																														
	Note 4 farm cooperative patronage and equity, Stuttgart, Arkansas																														
	Note 5 bank stock, Gillett, Arkansas																														
	Note 6 to Marion Berry, Inc. Profit Sharing Plan																														
	A. Money market Stephens, Inc. and COD-Planters Bank							X								X										X					
	Farm Bureau Life			X												X						X									

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SCHEDULE IV — TRANSACTIONS

Name Robert Marion Berry

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO.DAY.YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	Example Mega Corporation Common Stock	X			10-12-84		X								
	None														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
JT	Bank of America, NA.	Mortgage, 408 3rd Street, SE, Washington, DC					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days

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Name	Page 8 of 8
Robert Marion Berry	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director/Secretary (Spouse)	CARMAR Lowe, Inc. (Spouse)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
10/93	Marion Berry, Inc.	Retention of benefits under profit sharing plan
10/93	Marion Berry, Inc.	Return to employment upon leaving government office
10/93	CARMAR Lowe, Inc.	Spouse will continue as director/secretary of CARMAR Lowe, Inc.

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 MAY 13 PM 1:46
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Judy Biggert
(Full Name)

425 East Sixth Street Hinsdale, IL 60521
(Mailing Address)

202-225-3515
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representative — State: IL, District: 13	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑ No ☐
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts-	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes ☐	No ☑
Exemptions–	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes ☐	No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Judy Biggert	5/12/05

SCHEDULE I - EARNED INCOME

Name Judy Biggert

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Human Resources Advocates LLC	Spouse Salary	N/A
Illinois General Assembly Vested Pension Plan	Legislative Pension	$13,557

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name Judy Biggert

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Junior League of Kane & DuPage Counties, Inc.	Speech	Sept. 13, 2004	$100

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Abbott Laboratories	None	CAPITAL GAINS	$5,001 - $15,000	S
	Abbott Laboratories	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
SP	ACLN LTD	$1 - $1,000		NONE	
SP	Aflac	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Aflac	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	Albany Molecular Research	$15,001 - $50,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Albany Molecular Research	None	Other: capital loss	NONE	S
SP	Albany Molecular Research	None	Other: capital loss	NONE	S
SP	Albany Molecular Research	None	Other: Capital loss	NONE	S
SP	Amgen	$15,001 - $50,000		NONE	
SP	Amphenol Corp	$1,001 - $15,000		NONE	
SP	Amphenol Corp	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Automatic Data Processing	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Becton Dickinson	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Becton Dickinson	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Berkshire Hathaway	$15,001 - $50,000		NONE	
SP	Black Box Corp	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Black Box Corp	None	DIVIDENDS	$1 - $200	
SP	Boston Private Bancorp	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Choicepoint, Inc.	$50,001 - $100,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Cintas Corp	$15,001 - $50,000	INTEREST	$1,001 - $2,500	P
SP	Cisco Systems, Inc.	$15,001 - $50,000		NONE	
JT	Citicorp	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Colgate-Palmolive	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	Comcast Corp	$1,001 - $15,000		NONE	P
SP	Concord EFS Inc.	None		NONE	E
SP	Constellation Brands, Inc	$1,001 - $15,000		NONE	
	Factset Research Systems	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Fastenal Co	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Fastenal Co	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Fastenal Co	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	Fastenal Co	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	First Data Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200	E
SP	Gannett Co Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	General Electric Co	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
SP	Gentex Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Harris Bank	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Harte-Hank Inc	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Health Management Assoc. Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Healthnet, Inc	$1,001 - $15,000		NONE	P
SP	Henry Jack & Assoc	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Home Depot, Inc.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Hospira (Abbott Laboratories)	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	Illinois Tool Works	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Intel Corp	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Intel Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Intermet Corp	$1 - $1,000		NONE	
SP	Investors Finanacial Services	$15,001 - $50,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Investors Financial Services Corp	$1,001 - $15,000	INTEREST	$1 - $200	P
SP	Jefferson Pilot Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Johnson & Johnson	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	
SP	Kimberly Clark Corp	None	CAPITAL GAINS	$201 - $1,000	S
SP	Kimberly Clark Corp	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Kimberly Clark Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	L-3 Communications Holdings	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	L-3 Communications Holdings	None	CAPITAL GAINS	$201 - $1,000	S
SP	Legg Mason	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Legg Mason	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Legg Mason	None	CAPITAL GAINS	$201 - $1,000	S
SP	M & T Bancorp	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
SP	MBNA Corp	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	
SP	MBNA Corp	None	CAPITAL GAINS	$15,001 - $50,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Medco Health Solutions	$1,001 - $15,000		NONE	
SP	Medtronic Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Merck & Co Inc	None	Other: capital loss	NONE	S
SP	Merck & Co Inc	None	Other: capital loss	NONE	S
SP	Merck & Co Inc	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Microsoft Corp	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
SP	Neenhah	None	CAPITAL GAINS	$1 - $200	S
SP	Neenhah	$50,001 - $100,000		NONE	
SP	Nextel Comm Inc	$15,001 - $50,000		NONE	
SP	Nextel Communications Inc	$1,001 - $15,000	INTEREST	$201 - $1,000	
SP	Nuvasive Inc.	$1,001 - $15,000		NONE	P
SP	Oracle Corp	$15,001 - $50,000		NONE	
SP	Patterson Dental Co (Patterson COS)	$15,001 - $50,000		NONE	
SP	Patterson Dental Co (Patterson COS)	None	CAPITAL GAINS	$201 - $1,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Paychex Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Petro Canada	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Petro Canada	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Pfizer	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Prima Energy Corp	$15,001 - $50,000		NONE	
SP	Prima Energy Corp	None	CAPITAL GAINS	$5,001 - $15,000	S
SP	Quest Diagnostics Inc	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Royal Dutch Petro Corp	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Royal Dutch Petro Corp	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
SP	Sanofi-Aventis	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Scansource Inc	$15,001 - $50,000		NONE	
SP	Scansource Inc.	None	CAPITAL GAINS	$5,001 - $15,000	S
SP	Southtrust Corp	None	CAPITAL GAINS	$5,001 - $15,000	S
SP	Southtrust Corp	None	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Southwest Water Co	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	State Street Corp	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
SP	State Street Corp	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	State Street Corp	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	State Street Corp	None	CAPITAL GAINS	$2,501 - $5,000	S
SP	Stryker Corp	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Suncor Energy Inc	$15,001 - $50,000		NONE	P
SP	Suntrust Banks Inc	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Synovus Finl Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Techne Corp	$15,001 - $50,000		NONE	
SP	Techne Corp	None	CAPITAL GAINS	$1,001 - $2,500	S
SP	Transcanada	$1,001 - $15,000		NONE	P
SP	United Parcel Service	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	United Parcel Service MTN BE	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

SP	Vanguard Inflation Protect Sec	$1,001 - $15,000	INTEREST	$1 - $200	P
SP	Vanguard ST Invt grade Admiral	None	Other: capital loss	NONE	S
SP	Vanguard ST Invt grade Admiral	None	Other: capital loss	NONE	S
SP	Vanguard ST Invt Grade Admiral	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Vanguard ST Invt grade Admiral	$250,001 - $500,000	DIVIDENDS	$15,001 - $50,000	
SP	Vanguard ST Invt grade Admiral	None	Other: capital loss	NONE	S
SP	Vanguard ST Invt grade Admiral	None	Other: capital loss	NONE	S
SP	Vanguard ST Invt grade Admiral	None	Other: capital loss	NONE	S
JT	Vanguard ST Treasury Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Vanguard Total Stock Market VTSMX	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Vodafone Group PLC	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Walgreen Company	$1,000,001 - $5,000,000	DIVIDENDS	$5,001 - $15,000	
	Walgreen Company Profit Sharing	$100,001 - $250,000	Other: distribution	$15,001 - $50,000	
SP	Wells Fargo & Co	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

	Westminster Fund III Real Estate	$50,001 - $100,000	RENT/INTEREST /Other: Distribution	$5,001 - $15,000	
	Westminster Fund IV	$50,001 - $100,000	Other: Distribution/RENT /INTEREST	$5,001 - $15,000	
SP	Wiley John & Sons Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Xilinx Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Zebra Technologies	$15,001 - $50,000		NONE	P
SP	Zimmer Holdings	$15,001 - $50,000		NONE	

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Abbott Laboratories	S	1-22-04	$1,001 - $15,000
SP	Black Box Corp	S	2-09-04	$15,001 - $50,000
SP	Albany Molecular Research	S	8-19-04	$1,001 - $15,000
SP	Albany Molecular Research	S	11-29-04	$1,001 - $15,000
SP	Amphenol Corp	S	9-21-04	$1,001 - $15,000
SP	Fastenal Co	S	8-05-04	$1,001 - $15,000
SP	Healthnet, Inc	P	4-19-04	$1,001 - $15,000
SP	Colgate-Palmolive	P	1-12-04	$15,001 - $50,000
SP	Comcast Corp	P	2-12-04	$1,001 - $15,000
SP	Concord EFS Inc.	E	2-27-04	$1,001 - $15,000
SP	First Data Corp.	E	2-27-04	$1,001 - $15,000
SP	Fastenel Co	S	1-09-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Fastenel Co	S	9-21-04	$1,001 - $15,000
SP	Intel Corp	S	1-08-04	$1,001 - $15,000
SP	Legg Mason	S	5-14-04	$1,001 - $15,000
SP	MBNA Corp	S	9-23-04	$15,001 - $50,000
SP	Neenhah	S	12-06-04	$25
SP	Prima Energy Corp	S	8-4-04	$15,001 - $50,000
SP	Royal Dutch Petro Comp	S	5-24-04	$15,001 - $50,000
SP	Sanofi-Aventis	P	11-16-04	$1,001 - $15,000
SP	Scansource Inc	S	1-28-04	$1,001 - $15,000
SP	Southtrust Corp	S	6-24-04	$15,001 - $50,000
SP	State Street Corp	S	1-08-04	$1,001 - $15,000
SP	Techne Corp	S	8-13-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Transcanada	P	04-29-04	$1,001 - $15,000
SP	Zebra Technologies	P	12-29-04	$15,001 - $50,000
SP	Becton Dickinson	S	8-26-04	$1,001 - $15,000
SP	Wells Fargo & Co	P	9-21-04	$1,001 - $15,000
SP	Kimberly Clark Corp	S	6-17-04	$1,001 - $15,000
SP	Merck & Co Inc	S	10-05-04	$1,001 - $15,000
SP	State Street Corp	S	9-21-04	$1,001 - $15,000
SP	Aflac	S	4-27-04	$1,001 - $15,000
SP	Petro Canada	S	2-03-04	$1,001 - $15,000
SP	Patterson COS	S	1-08-04	$1,001 - $15,000
	Hospira (Abbott Laboratories)	S	5-20-04	$1,001 - $15,000
SP	Kimberly Clark Corp	S	10-28-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	L-3 Communications Holdings	S	11-16-04	$1,001 - $15,000
SP	Legg Mason	S	7-19-04	$1,001 - $15,000
SP	State Street Corp	S	7-14-04	$1,001 - $15,000
SP	Suncor Energy Inc	P	5-24-04	$15,001 - $50,000
SP	Nuvasive Inc.	P	11-9-04	$1,001 - $15,000
SP	Cintas Corp	P	10-13-04	$15,001 - $50,000
SP	Vanguard ST Invt grade Admiral	S	1-22-04	$50,001 - $100,000
SP	Vanguard ST Invt grade Admiral	S	4-14-04	$15,001 - $50,000
SP	Vanguard ST Invt grade Admiral	S	5-27-04	$15,001 - $50,000
SP	Vanguard ST Invt grade Admiral	S	6-15-04	$15,001 - $50,000
SP	Vanguard ST Invt grade Admiral	S	7-26-04	$15,001 - $50,000
SP	Vanguard Inflation Protect Sec	P	12-29-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Judy Biggert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Investors Financial Services Corp	P	5-10-04	$1,001 - $15,000
SP	Kimberly Clark Corp	S	6-17-04	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Judy Biggert | 19 of 20

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
NASDAQ	4/2-5	Wash.,D.C.-Boca Raton, Fla.-Washinton, D.C.	Y	Y	Y	none

SCHEDULE IX - AGREEMENTS

Name Judy Biggert

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
12/31/98	Illinois General Assembly Vested Pension Plan	Payable Monthly

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 4:41 MC

(Office Use Only)

257

Michael Bilirakis, M C
(Full Name)

2408 Rayburn HOB Washington, DC 20515
(Mailing Address)

202-225-5755
Daytime Telephone

Filer Status: ☑ Member of the U S House of Representatives — State: FL District: 09 — ☐ Officer Or Employee — Employing Office:

Report Type: (☑) Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? Yes ☑ No ☐
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification

I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief

Signature of Reporting Individual: Michael Bilirakis

Date (Month, Day, Year): 5/12/05

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael Bilirakis, M.C.

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP	3 Com/Palm - IRA	$1 - $1,000	NONE	NONE	
JT	A. G. Edwards -Centennial Money Market	$1 - $1,000	Interest	$1 - $200	
	A.G. Edwards-Centennial Money Market - IRA	$1 - $1,000	Interest	$1 - $200	
SP	A.G.Edwards Centennial Money Market -IRA	$1 - $1,000	Interest	$1 - $200	
SP	AIG - IRA Annuity	$50,001 - $100,000	None	NONE	
	AIG- IRA Annuity	$100,001 - $250,000	None	$5,001 - $15,000	Required withdrawal

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael Billirakis, M C

JT	Bank America (CDs & Savings)	$50,001 - $100,000	Interest	$2,501 - $5,000	
JT	Cellstar - Stock	$1,001 - $15,000	NONE	NONE	
JT	Circle Group Holdings	$1,001 - $15,000	None	NONE	P
SP	Circle Group Holdings - IRA	$1 - $1,000	None	NONE	P
	Cisco - Stock - IRA	$1,001 - $15,000	NONE	NONE	S
JT	Cisco- Stock	$1,001 - $15,000	NONE	NONE	
SP	Concord Camera - Stock - IRA	$1 - $1,000	NONE	NONE	
JT	Cong. Fed. Credit Union (Checking, Savings)	$1,001 - $15,000	Interest	$1 - $200	
JT	Corning Stock	$1,001 - $15,000	NONE	NONE	
SP	Corning Stock -IRA	$1,001 - $15,000	NONE	NONE	
JT, SP	DSL Net - Stock	$1 - $1,000	NONE	NONE	
JT	Emerson Radio Stock	$1,001 - $15,000	NONE	NONE	
SP	Empty lot (1/2) Athens & Pinellas, Tarpon Springs, FL	$15,001 - $50,000	NONE	NONE	
SP	FL Bancshares - Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael Bilirakis, M C

JT	Ford Motor Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200
SP	Fortis Securities	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500
JT	General Electric	$1,001 - $15,000	DIVIDENDS	$1 - $200
SP	Health Axis	$1 - $1,000	NONE	NONE
JT	House (previous residence), 304 Driftwood Dr., Palm Harbor, FL	$100,001 - $250,000	RENT	$5,001 - $15,000
JT	IBM - Stock	$15,001 - $50,000	DIVIDENDS	$1 - $200
	IBM - Stock - IRA	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500
SP, JT	Lots (unimproved), Tarpon Springs, FL (1/2 interest)	$50,001 - $100,000	NONE	NONE
JT	MSDW Liquid Asset Fund	$1 - $1,000	INTEREST	$1 - $200
	NY Life Variable Annuity	$15,001 - $50,000	None (N/A)	NONE (N/A)
JT	Oppenheimer MSIG - Class B Fund	$1,001 - $15,000	Dividends	$1 - $200
SP	Prudential Financial	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
	Prudential Financial	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
JT	Raymond James - Heritage Cash Fund	$1,001 - $15,000	INTEREST	$1 - $200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael Bilirakis, M C

SP	Raymond James - Heritage Cash Fund	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Raymond James - Heritage Cash Fund - IRA	$1 - $1,000	INTEREST	$1 - $200	
JT	Scudder Municipal Fund (formerly Kemper Mun. Bond Fund)	$15,001 - $50,000	INTEREST	$201 - $1,000	
JT	South Financial Group	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	Suburban Propane - Stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
JT, SP	SunTrust Bank (CD, Savings, Stock)	$50,001 - $100,000	INTEREST/DIVIDENDS	$2,501 - $5,000	
JT	Synovus Bank (formerly Peoples FL Banking Corp) - Stock, Savings, CDs	$50,001 - $100,000	INTEREST & Merger Cash	$15,001 - $50,000	Merger
JT	Tech Data - Stock	$1,001 - $15,000	NONE	NONE	
JT	Terremark Stock	$1 - $1,000	NONE	NONE	
SP	Time Warner	$1,001 - $15,000	NONE	NONE	
SP	Time Warner - IRA (formerly AOL)	$1,001 - $15,000	NONE	NONE	
SP	TV Azteca - IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	TV Azteca - Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	TV Azteca- IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael Brirakis, M.C.

JT	U.S. Bank - Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000
JT	Wachovia (CD) (formerly First Union)	$1,001 - $15,000	Interest	$201 - $1,000
JT	Wells Fargo - Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000

SCHEDULE IV - TRANSACTIONS

Name Michael Bilirakis, M.C

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Circle Group Holdings - IRA	P	4-6-04	$1,001 - $15,000
JT	Circle Group Holdings	P	4-1-04; 4-6-04	$15,001 - $50,000
	Cisco - IRA	S	12-23-04	$1,001 - $15,000
JT	Synovus Bank (Merger with Peoples Bank)	Other	1-30-04	$15,001 - $50,000
	TV Azteca - IRA	S	12-23-04	$1,001 - $15,000
	AIG - IRA Annuity (Required withdrawal)	Other	12-23-04	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Michael Bilirakis, M.C.

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Bank of America	Endorser -Mortgage on 4538 Bartelt Rd, Holiday, FL (Law Bldg)	$15,001 - $50,000
JT	Homeside Mortgage	Mortgage on former home - now rental (304 Driftwood Dr., Palm Harbor, FL)	$100,001 - $250,000
	Northwestern Mutual	Cash value loan on life insurance	$50,001 - $100,000
	Southeast Financial	Personal Loan	$15,001 - $50,000

SCHEDULE VI - GIFTS

Name Michael Bilirakis, M.C.

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Veterans of Foreign Wars	2004 VFW Cong. Award Recipient - Scholarship Award paid directly to University Of South Florida	$2500 (Pending Standards Comm. Approval)

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Michael Bilirakis, M.C.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Consumer Electronics Assn	Jan. 8-11	Tampa-Las Vegas-Tampa	Y	Y	Y	None
Nat. Assn of Broadcasters	Apr. 16-19	Tampa-Las Vegas-DC	Y	Y	Y	None

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 4:53

Office Use Only

Robert William Bishop
(Full Name)

74 N. 300 E
(Mailing Address)

202-225-0453
Daytime Telephone

Bingham City, UT 84302

Filer Status: [X] Member of the U.S. House of Representatives — State: UTAH District: 01 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you, for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert Bishop	05/16/2005

Name	Page
ROB BISHOP	2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	UTAH STATE RETIREMENT SYSTEM	EDUCATOR PENSION	+ 24,853.67
	BOX ELDER SCHOOL DISTRICT	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP, DC, JT (Examples)	SP Mega Corp Stock	X (A: $50,001 – $100,000)	X (DIVIDENDS)	X (IV: $1,001 – $2,500)	P
	Simon & Schuster	Indefinite		X (VIII: $50,001 – $100,000)	
	1st Bank of Paducah, KY accounts	X (F: $100,001 – $250,000)	X (INTEREST)	X (VI: $5,001 – $15,000)	
JT	INVESCO	X (C: $1,001 – $15,000)	X (CAPITAL GAINS)	X (III: $201 – $1,000)	
JT	BARNES BANK ACCOUNTS	X (C: $1,001 – $15,000)			

Block B columns: A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000

Block C columns: DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income): Royalties

Block D columns: I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000

For additional assets and unearned income, use next page.

Name ROB BISHOP | Page 4 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	MBNA AMERICA	CREDIT CARD		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	US ASSOC. OF FORMER MEMBERS OF CONGRESS	AUG 21-26	SLC - MINN/ST PAUL - SLC	Y	Y	N	N
	GERMAN MARSHALL FUND OF THE U.S.	DEC 9-13	DC - MIAMI - SLC	Y	Y	N	1 day

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
MEMBER, BOARD OF DIRECTORS	BRIGHAM CITY COMMUNITY HOSPITAL (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

ROB BISHOP
1st District, Utah

124 Cannon House Office Building
Washington, DC 20515
(202) 225-0453

324 25th Street
Suite 1017
[illegible] UT 8440[illegible]
[illegible]

COMMITTEE ON RULES

SECRETARY, WESTERN CAUCUS

Congress of the United States
House of Representatives
Washington, DC 20515–4401

The Hon. Jeff Trandahl
Office of the Clerk
U.S. House of Representatives
Washington, D.C. 20515

MC

Mr. Trandahl:

This letter is in reference to my Financial Disclosure Statement for Calendar Year 2004 which was filed in a timely manner on May 16, 2005. Please accept this letter as my request to make one minor amendment to that report. The first completed line on Schedule VII reports my participation in a Congressional Study Group on Germany conference in Minnesota hosted by the U.S. Association of Former Members of Congress. There was one day during that trip that was not at the sponsor's expense. So in the last column on that line, the "N" should be replaced by "1 day". Please let me know if there are any questions or problems with this request and slight adjustment. Thank you.

Sincerely,

Rob Bishop
Member of Congress

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2005 JUN 14 PM 1:05

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

2005 MAY 12 AM 11:23

Sanford D. Bishop, Jr.
(Full Name)

2429 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

(202) 225-3631
Daytime Telephone

(Office Use Only)

MC

Filer Status	☑ Member of the U.S. House of Representatives — State: GA District: 2	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Sanford D. Bishop, Jr.	5/12/05

274

SCHEDULE I - EARNED INCOME

Name Sanford D. Bishop, Jr.

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Consolidated Government of Columbus, Georgia	Spouse Salary	$52,500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sanford D. Bishop, Jr

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	South Trust Bank of Columbus, Ga.	$1 - $1,000	INTEREST	$1 - $200	n/a
	Lot 24A Lakemont Heights, Hartwell, Ga.	$1,001 - $15,000	None	NONE	n/a
	Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	n/a
	AmSouth Bank,NA, Mobile, Alabama	$1,001 - $15,000	INTEREST	$1 - $200	n/a
**Jt	Commonwealth Bank, Mobile, Alabama	$1,001 - $15,000	INTEREST	$1 - $200	n/a
**Jt	House and lot at 311 Yates St., Starkville, Ms.	$15,001 - $50,000	RENT	NONE	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sanford D. Bishop, Jr.

**Jt	Merrill Lynch CMA Money Market	$15,001 - $50,000	DIVIDENDS	NONE	n/a
**Jt	Wachovia Securities(Formerly Prudential Securities)	$50,001 - $100,000	DIVIDENDS	NONE	n/a
**Jt	AmSouth Bank, NA, Mobile, Alabama	$1,001 - $15,000	INTEREST	$1 - $200	n/a
**Jt	AmSouth Bank, NA, Mobile, Alabama	$15,001 - $50,000	INTEREST	$1 - $200	n/a
	SunTrust Bank,NA, Columbus Georgia Money Market	$1,001 - $15,000	INTEREST	$1 - $200	n/a
**	Income paid to Joint Tenant				

SCHEDULE V - LIABILITIES

Name Sanford D. Bishop, Jr.

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Congressional Federal Credit Union	Revolving Charge Account	$10,001 - $15,000
	U.S. House of Representatives Thrift Savings	Loan for Down payment on D.C. Residence	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Sanford D. Bishop, Jr.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Morehouse College, Atlanta, Ga.	Feb. 19-21	n/a	Y	N	Y	none
Congressional Black Caucus Foundation, Inc.	Jan. 11-13	n/a	Y	N	Y	none

SCHEDULE VIII - POSITIONS

Name Sanford D. Bishop, Jr.

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Tubman African-American Museum, Macon, Ga.
Board Member	William H. Spencer Golden Owlettes, Columbus, Ga.
Board Member	Friends of Albany Theatre, Albany, Ga.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 3:58

(Office Use Only) MC

TIMOTHY H. BISHOP
(Full Name)

129 WOOLEY STREET
(Mailing Address)

SOUTHAMPTON NY 11968 (202)225-3826
Day Time Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State NY District 01	[ ] Officer or Employee — Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tim B	5/14/05

Name TIMOTHY H. BISHOP | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	LONG ISLAND UNIVERSITY	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was said and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP	SP Mega Corp Stock	X (E)	DIVIDENDS X		P
DC	Examples: Simon & Schuster	Indefinite (H)	RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income): Royalties	IV $1,001 – $2,500; X (VIII)	
JT	1st Bank of Paducah, KY accounts	X (F)	X	V $5,001 – $15,000; X (VI)	
	TIAA - CREF	X (H)		I None; X	
SP	TIAA - CREF	X (E)		I None; X	
JT	MET-LIFE - INSURANCE	X (C)		II $1 – $200; X	

A: None; B: $1 – $1,000; C: $1,001 – $15,000; D: $15,001 – $50,000; E: $50,001 – $100,000; F: $100,001 – $250,000; G: $250,001 – $500,000; H: $500,001 – $1,000,000; I: $1,000,001 – $5,000,000; J: $5,000,001 – $25,000,000; K: $25,000,001 – $50,000,000; L: Over $50,000,000

I: None; II: $1 – $200; III: $201 – $1,000; IV: $1,001 – $2,500; V: $2,501 – $5,000; VI: $5,001 – $15,000; VII: $15,001 – $50,000; VIII: $50,001 – $100,000; IX: $100,001 – $1,000,000; X: $1,000,001 – $5,000,000; XI: Over $5,000,000

For additional assets and unearned income, use next page.

Name TIMOTHY H. BISHOP | Page 4 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	CITI-BANK - ADVANTAGE			X								
	MBNA - MASTER CARD			X								
	BANK ONE - VISA CARD			X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
MR + MRS. ROBERT F.X. SILVERMAN	GIFT OF TUITION, FEES + ROOM + BOARD	$24,086
	FOR DAUGHTER MEGHAN - SPRING '04	
	AND FALL '04 TERMS	

Use additional sheets if more space is required.

Name TIMOTHY H. BISHOP | Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
TREASURER	BRIDGE HAMPTON CHILD CARE & RECREATION CENTER

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2005 — 96-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RECORDS AND DISTRIBUTION
2005 MAY 13 PM 3:35
MC
U.S. HOUSE OF REPRESENTATIVES

MARSHA WEDGEWORTH BLACKBURN
(Full Name)

509 CANNON HOUSE BUILDING
WASHINGTON, D.C.
(Mailing Address)

202 225 2811
Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State: TN District: 9th — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Marsha Blackburn	4/13/05

Name MARSHA W. BLACKBURN	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	N/A
	ENCORE INTERACTIVE, INC	Spouse Salary-Compensation	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name MARSHA W. BLACKBURN | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
SP	Mega Corp. Stock	E: $50,001 – $100,000	DIVIDENDS	IV: $1,001 – $2,500	P
DC	Simon & Schuster	Indefinite	Other Type of Income (Specify: For Example, Partnership Income or Farm Income): Royalties	X: $100,001 – $1,000,000	
JT	1st Bank of Paducah, KY accounts	G: $250,001 – $500,000	INTEREST	VI: $5,001 – $15,000	
	Northwestern Mutual Var. Ann. (IRA)	A: None	CAPITAL GAINS	IV: $1,001 – $2,500	E
	American Skandia (IRA)	E: $50,001 – $100,000	CAPITAL GAINS	V: $2,501 – $5,000	E
SP	Northwestern Mutual Var. Ann. (IRA)	A: None	CAPITAL GAINS	IV: $1,001 – $2,500	E
SP	American Skandia (IRA)	D: $15,001 – $50,000	CAPITAL GAINS	V: $2,501 – $5,000	E
SP	Bank of America (IRA)(Index)	D: $15,001 – $50,000	DIVIDENDS	II: $201 – $1,000	
SP	IRA a) Alliance Tech. Class B	D: $15,001 – $50,000		I: None	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MARSHA W. BLACKBURN

Page 4 of 6

SP, JT	Asset and/or Income Source	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	Block E Transaction P S E
SP	IRA b) Bell Money Market			X										X								X										
SP	Banyee Int'l, Deerfield IL			X										X								X										
SP	Morgan Stanley IRA (Acct)						X							A		B	C					B	A	C								
SP	IRA a) American Opportunities Fund	X																			X											5
SP	IRA b) U S Govt Securities Fund			X										X								X										
SP	IRA c) Special Growth Fund			X																	X											
SP	IRA d) MSIF Active Int'l Alloc Fund				X									X									X									
SP	IRA e) MSIF Equity Growth Port A				X									X								X										
SP	IRA f) Liquid Asset Fund/Money Market			X												X						X										
SP	IRA g) Mid Cap Value Fund D			X													X							X								P
SP	Private Business, Inc., Brentwood, TN			X																	X											
JT	Cumberland Bank, Franklin, TN			X												X						X										
SP	Franklin Nat'l Bank Account	X														X						X										E (Change)

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SCHEDULE IV — TRANSACTIONS

Name MARSHA W. BLACKBURN | Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	Northwestern Mutual IRA rolled over to American Skandia IRA			X	9-13-04		X								
SP	Northwestern Mutual IRA rolled over to American Skandia IRA			X	9-13-04		X								
SP	Morgan Stanley IRA - American Opportunities Fund		X		4-22-04		X								
SP	Morgan Stanley IRA - MidCap Value Fund	X			4-22-04	X									
SP	Franklin National Bank Account - Account Closed			X	4-04	X									

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
REPUBLICAN NATIONAL COMM	Jan 8-9	KNOXVILLE, TN - PALM BEACH, FL - NASHVILLE, TN	Y	N	N	N
HERITAGE FOUNDATION	JAN. 22-23	ARLINGTON, VA - GAITHERSBURG, MD - BALT., MD	Y	Y	N	N
CLUB FOR GROWTH	FEB 20-21	NASHVILLE TN - W. PALM BEACH, FL - MEMPHIS, TN	Y	Y	Y	N
INT'L FUTURES INDUSTRY CONF	MARCH 14-21	NASHVILLE, TN - BOCA RATON FL - WASH. D.C	Y	N	Y	N
TENN GAS ASSOCIATION	JUNE 29-30	MOBILE, AL - JACKSONVILLE, FL - NASHVILLE, TN	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Page 292

Earl Blumenauer
(Full Name)

2446 Rayburn Washington, DC 20515
(Mailing Address)

(202)225-4811
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: OR District: 03	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Earl Blumenauer	May 13, 2005

SCHEDULE I - EARNED INCOME

Name Earl Blumenauer

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Stoel Rives LLP	Spouse Partnership Earning	NA
Oregon State Retirement System	Pension	$40,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Aetna Fixed Plus Account - Target for Roll Overs	$250,001 - $500,000	DIVIDENDS	$100,001 - $1,000,000	NA
Aetna Money Market Fund - Rolled Over To Aetna Fixed Plus Account	None	INTEREST	NONE	E
Apartments 3701-3705 SE 37th Place Portland, OR	$50,001 - $100,000	Rent	$15,001 - $50,000	NA
Calvert Social Balanced	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	NA
Chelsea Court 130 NW 19th St. Portland, OR	$100,001 - $250,000	Rent	$5,001 - $15,000	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer

	Congressional Credit Union	$15,001 - $50,000	INTEREST	$201 - $1,000	NA
	Duplex 510 6th Street SE Washington, DC	$500,001 - $1,000,000	Rent	$5,001 - $15,000	NA
	Glisan Street Apts. 1701 NW Glisan Portland, OR	$15,001 - $50,000	RENT	$2,501 - $5,000	NA
	Janus World Wide - Changed to Oppenheimer Global	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	NA
	Japan (Scudder) Fund	$15,001 - $50,000	DIVIDENDS	NONE	NA
SP	Johnson & Johnson	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	NA
SP	Legg Mason American Leading Companies Trust	$15,001 - $50,000	DIVIDENDS	$1 - $200	NA
	Melissa Anne Apartments, LLC 7720 E. Burnside Portland, OR	$50,001 - $100,000	CAPITAL GAINS	NONE	S
	MFS Cap. Opp.	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	NA
	Mutual Beacon	$15,001 - $50,000	CAPITAL GAINS	NONE	S
	Mutual Discovery	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	NA
	Nordel-Mitchel 629 NW Irving Portland, OR	$15,001 - $50,000	RENT	$5,001 - $15,000	NA
	Nordel-Nordel 2166 NW Irving	$15,001 - $50,000	RENT	$5,001 - $15,000	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Earl Blumenauer

	Oregon Public Employee Retirement Account - Rolled Over To Aetna Fixed Plus Account	$250,001 - $500,000	NA	NA	E
	Portland Teachers Credit Union	$15,001 - $50,000	INTEREST	$201 - $1,000	NA
	POTCX Potomac OTC Plus	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	S
	Powell Gardens 3410 SE 33rd Portland, OR	$15,001 - $50,000	Rent	$5,001 - $15,000	NA
	Schwab 1000	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	NA
	Schwab Money Market	$1,001 - $15,000	INTEREST	$1 - $200	NA
	Schwab Small Cap	$15,001 - $50,000	DIVIDENDS	$1 - $200	NA
	SNXFX Sector SPDR Tech Silent Shares	$1,001 - $15,000	NA	NA	NA
	Solomon Bro. Aggressive Growth	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	NA
SP	Stoel Rives Retirement Trust	$500,001 - $1,000,000	NA	NA	NA
	Townhouse 2441 NE Weidler Portland, OR	$100,001 - $250,000	CAPITAL GAINS	$15,001 - $50,000	S - 1/2 interest
	TSP Federal Employee	$100,001 - $250,000	NA	NONE	NA
SP	Vacation House in Deer Isle, Maine - 1/2 Interest	$100,001 - $250,000	NA	NA	NA

SCHEDULE IV - TRANSACTIONS

Name Earl Blumenauer

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	POTCX Potomac OTC Plus	S	6-24-04	$1,001 - $15,000
	Townhouse 2441 NE Weidler Portland, OR	S	7-15-05	$100,001 - $250,000 - 1/2 int.
	Melissa Anne Apartments, LLC 7720 E. Burnside Portland, OR	S	10-1-2004	$15,001 - $50,000
	Mutual Beacon	S	6-24-04	$15,001 - $50,000
	Aetna Fixed Plus Account	E	1-1-04	$250,001 - $500,000
	Oregon State Retirement System	E	1-1-04	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name Earl Blumenauer

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Washington Mutual	Mortgage 3701-3705 SE 35th Place Portland, OR	$15,001 - $50,000
	American Pac Bank	Mortgage Chelsea Court 130 NW 19th Portland, OR	$15,001 - $50,000
	M&T Realty Buffalo, NY	Mortgage Glisan Townhouses 1701 NW Glisan Portland, OR	$15,001 - $50,000
	M&T Realty Buffalo, NY	Mortgage Powell Gardens 3410 SE 33rd Portland, OR	$50,001 - $100,000
	Ruth Sprinkling	Mortgage 2441 NE Weidler Portland, OR	$100,001 - $250,000
	Intervest Mortgage Spokane, WA	Mortgage 2166 NW Irving Portland, OR	$15,001 - $50,000
	Intervest Mortgage Spokane, WA	Mortgage 629 SE Morrison Portland, OR	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Earl Blumenauer

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Congressional Program of Aspen Institute	Jan. 5-11	PDX-Hawaii-PDX	Y	Y	Y	N/A
Congressional Program of Aspen Institute	Jun. 27-July 5	DCA-Switzerland-DCA	Y	Y	N	2 Days
Rail~Volution	Sept. 19-21	PDX-LAX-DCA	Y	Y	Y	N/A
American Public Transportation Association	Oct. 12-13	PDX-Atlanta-PDX	Y	Y	N	N/A
Association of American Railroads	Nov. 7-8	Orlando-West Palm-Beach-DCA	Y	Y	N	N/A
National Association of Realtors	Nov. 5-7	PDX-Orlando	Y	Y	N	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only) MC

Roy BLUNT
(Full Name)

P.O. Box 50100
(Mailing Address)

Daytime Telephone

SPRINGFIELD MO 65805

Filer Status	[X] Member of the U.S. House of Representatives	State: MO District 7	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Roy Blunt	May 10, 2005

Name BLUNT, Roy	Page 2 of .

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	ALTRIA CORPORATE SERVICES	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page ___ of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BLUNT, ROY | Page 3 of

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

SP	Examples	SP	Mega Corp. Stock
DC			Simon & Schuster
JT			1st Bank of Paducah, KY accounts

BLOCK B — Value of Asset at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Block A: Asset and/or Income Source	Block B: Value of Asset (A $1 - $1,000; B $1,001 - $15,000; C $15,001 - $50,000; D $50,001 - $100,000; E $100,001 - $250,000; F $250,001 - $500,000; G $500,001 - $1,000,000; H $1,000,001 - $5,000,000; I $5,000,001 - $25,000,000; J $25,000,001 - $50,000,000; K Over $50,000,000; L Indefinite)	Block C: Type of Income (Dividends; Rent; Interest; Capital Gains; Excepted Trust; Qualified Blind Trust; Other Type of Income (Specify For Example, Partnership Income or Farm Income); Royalties)	Block D: Amount of Income (I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
41 stocks - Lombard Stratford, NLO	F		III	
Putnam Discovery Growth Fund	B		I	
Churchill Coffee Ltd partnership	D			
Hartford Income Fund	C		I	
Greencounty Federal Bank stock	C			
SP Cisco	F		III	
SP Altria (KRAFT)	C		IV	
SP Lockheed Martin	C		III	
SP 116 Treehouse Condominium - Pearson NLO	F	Dividends	VI	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name	Page ___ of ___

BLOCK A Asset and/or Income Source		BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
	SP, DC, JT	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name	Page ___ of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction										
SP DC JT		Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10–12–04		X								

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Name BLUNT, ROY | Page 4 of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	State BANK of SW Mo	Mortgage - 41 acres farmland Stratford, Mo					X					
	State BANK of SW Mo	mortgage 116 Downtown Condominium Branson, Mo.			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

Name BLUNT, Roy | Page 5 of

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash. D.C.—Chicago—Wash. D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	The Congressional Institute House Leadership Retreat	Jan. 14-16	Wash., DC - St. Michaels, MD - DC	Y	Y	N	N
	SIFE - Students in Free Enterprise	Nov. 3	Springfield, MO → Bentonville, AR Wash, DC	N	N	Y	N
	Congressional Institute House Leadership Retreat	Nov. 29 - Dec. 1	Wash. DC → Irvington, VA → Wash. D.C.	Y	Y	N	N

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Name	Page ___ of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

X *Original* ___ *Amendment*

U.S. House of Representatives

MEMBER/OFFICER TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately funded travel on the annual Financial Disclosure Statements of those persons required to file them. In accordance with clause 5 of House Rule 25, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 30 days after travel is completed. The Clerk is to make these forms available to the public as soon as possible after they are filed. *Obtain the dollar amounts from the sponsor; if exact dollar amounts are unavailable, provide a good faith estimate.*

Name of Member or Officer (print or type): Roy Blunt

Name of accompanying family member (if any): ___

Relationship to Member/Officer (check one): ___ spouse ___ child

Dates of Travel: January 14-16, 2004

Dates at personal expense: ___

Itinerary (Point of departure – destination – return): DC to St Michael's Maryland back

Sponsor (Who paid for the trip): The Congressional Institute

Purpose of Trip: House Leadership Retreat

LEGISLATIVE RESOURCE CENTER
2004 FEB 18 AM 11:19
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses
For Member or Officer:		$306.72	$593.49
For accompanying spouse or child:			

	Other expenses (dollar amount)	Nature of expenses (e.g., taxi, parking, registration fee, etc.)
For Member or Officer:		
For accompanying spouse or child:		

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER OR OFFICER: Roy Blunt

DATE: 2/13/04

Version date 4/2003 by Committee on Standards of Official Conduct

✓ *Original* ___ *Amendment*

U.S. House of Representatives

MEMBER/OFFICER TRAVEL DISCLOSURE FORM

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Name of Member or Officer (print or type): ROY BLUNT

Name of accompanying family member (if any): ABIGAIL P. BLUNT

Relationship to Member/Officer (check one): ✓ spouse ___ child

Dates of Travel: NOVEMBER 3, 2004

Dates at personal expense: ___

Itinerary (Point of departure – destination – return): Springfield, MO-Bentonville AR-Washington DC

Sponsor (Who paid for the trip): SIFE- Students in Free Enterprise

Purpose of Trip: Speaking engagement "SIFE" Students in Free Enterprise Annual Board of Directors Meeting

LEGISLATIVE RESOURCE CENTER
2004 DEC 10 PM 12: 10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses
For Member or Officer:	$800.00	NA	NA
For accompanying spouse or child:	$800.00	NA	NA

	Other expenses (dollar amount)	Nature of expenses (e.g., taxi, parking, registration fee, etc.)
For Member or Officer:		
For accompanying spouse or child:		

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER OR OFFICER: Roy Blunt DATE: 12/9/04

Version date 4/2003 by Committee on Standards of Official Conduct

___ *Original* ___ *Amendment*

U.S. House of Representatives

MEMBER/OFFICER TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately funded travel on the annual Financial Disclosure Statements of those persons required to file them. In accordance with clause 5 of House Rule 25, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 30 days after travel is completed. The Clerk is to make these forms available to the public as soon as possible after they are filed. *Obtain the dollar amounts from the sponsor; if exact dollar amounts are unavailable, provide a good faith estimate.*

Name of Member or Officer (print or type): Roy Blunt

Name of accompanying family member (if any): _____

Relationship to Member/Officer (check one): ___ spouse ___ child

Dates of Travel: Nov 29 - Dec 1

Dates at personal expense: Ø

Itinerary (Point of departure – destination – return): DC → Irvington VA → DC

Sponsor (Who paid for the trip): Congressional Institute

Purpose of Trip: Bicameral Leadership Retreat

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses
For Member or Officer:	Ø	$339	$389
For accompanying spouse or child:			

	Other expenses (dollar amount)	Nature of expenses (e.g., taxi, parking, registration fee, etc.)
For Member or Officer:	N/A	
For accompanying spouse or child:		

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER OR OFFICER: Roy Blunt

DATE: 12/17/04

Version date 4/2003 by Committee on Standards of Official Conduct

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
2004 DEC 21 AM 11:36
LEGISLATIVE RESOURCE CENTER

BLUNT

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 16 PM 4:29
(Office Use Only) MC

Sherwood Boehlert
2246 Rayburn House Office Building (Full Name)

(Mailing Address) Daytime Telephone
Washington, DC 20515 202-225-3665

Filer Status [ ] Member of the U.S. House of Representatives [X] State NY District 24 [ ] Officer or Employee Employing Office

Report Type [X] Annual (May 15) [ ] Amendment [ ] Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Sherwood Boehlert	5-16-2005

Name Sherwood Boenlert	Page 1 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Friends of Sherwood Boehlert	Spouse Salary	$36,000

For payments to charity in lieu of honoraria, use Schedule II.

Name Sherwood Boehlert

Page 2 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of Income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP, DC, JT	SP Mega Corp Stock					X								X										X								P
	Examples: Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	Partners Trust Fin Group			X																												P
JT	NBT				X									X										X								
JT	Medtronic			X										X								X										
SP	New Economy (IRA)				X																											
	New Economy (IRA)				X																											
JT	CISCO			X																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sherwood Roehlert

Page 4 of 4

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $999	III $1,000 – $2,499	IV $2,500 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction: P S E
JT	Oracle		X																		X										
JT	Sun Microsystems		X																		X										
JT	Putnam Capital			X										X								X									
	Appreciation Fund																														
JT	Putnam Int'l Growth			X										X								X									
JT	Putnam Int'l Growth & Income			X										X								X									
JT	Putnam Voyager			X										X								X									

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SHERWOOD BOEHLERT
24TH DISTRICT, NEW YORK

COMMITTEES
CHAIR, HOUSE COMMITTEE ON SCIENCE

TRANSPORTATION AND INFRASTRUCTURE

HOUSE PERMANENT SELECT COMMITTEE
ON INTELLIGENCE

HOUSE SELECT COMMITTEE
ON HOMELAND SECURITY

HAND DELIVERED

WASHINGTON OFFICE:
2246 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3224
(202) 225-3665
Fax: (202) 225-1891
Web Address: www.house.gov/boehlert/

CENTRAL OFFICE
ALEXANDER PIRNIE FEDERAL BUILDING
10 BROAD STREET
UTICA, NY 13501
(315) 793-8146
Fax: (315) 798-4099

TOLL FREE: 1-800-235-2525

Congress of the United States
House of Representatives
Washington, DC 20515–3224

June 14th, 2005

MC

To Whom It May Concern,

Please accept this Schedule IV transaction as an amendment to my 2005 Financial Disclosure.

If you have any questions please don't hesitate to call.

Thank you.

Sincerely,

Sherwood Boehlert
Member of Congress

Attachment

SB/jk

AUBURN OFFICE
21 LINCOLN STREET
AUBURN, NY 13021
(315) 255-0649

CORTLAND OFFICE
45 CHURCH STREET
CORTLAND, NY 13045
(607) 758-3918

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

SCHEDULE IV — TRANSACTIONS

HAND DELIVERED

Name Sherwood Boehlert

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	Partners Trust Financial Group	X			07-14-04	X									

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2005 JUN 14 AM 10:10
U.S. HOUSE OF REPRESENTATIVES

LEGISLATIVE RESOURCE CENTER
2005 MAY 12 PM 5:42
HOUSE OF REPRESENTATIVES

MC

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

John Andrew Boehner
(Full Name)

7371 Charter Cup Lane West Chester, OH 45069
(Mailing Address)

202-225-6205
Daytime Telephone

For House Use Only

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☑ Member of the U.S. House of Representative	State: OH District: 06	☐ Officer Or Employee — Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $286 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $286 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☑ No ☐	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions–	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	John A. Boehner	5/12/05

SCHEDULE I - EARNED INCOME

Name John Andrew Boehner

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Sibcy Cline Real Estate	Spouse commissions	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Andrew Boehner

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Nucite Sales, Inc.	$100,001 - $250,000	Dividends/CAPITAL GAINS	$5,001 - $15,000	
	Nucite Sales, Inc. Pension Plan Trust	$500,001 - $1,000,000	N/A	NONE	
	Nucite Sales, Inc. Profit Sharing Trust	$500,001 - $1,000,000	N/A	NONE	
	State of Ohio-Deferred Compensation Plan	$100,001 - $250,000	N/A	NONE	
	State of Ohio, Public Employee Retirement System	$15,001 - $50,000	N/A	NONE	
	Wright Patman Congressional Federal Credit Union	$100,001 - $250,000	Interest	$1,001 - $2,500	

JT	First Financial Bank (Account)	$1,001 - $15,000	Interest	$1 - $200	
JT	American Funds Euro Pacific	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	S
JT	American Funds Small Cap World Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	Victory Small Co. Opportunity Mutual Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200	
JT	Victory Diversified Fund	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	S
JT	Growth Fund of America	$50,001 - $100,000	DIVIDENDS	$1 - $200	
JT	Lord Abbett Mid Cap	$15,001 - $50,000	Other: (Please specify)	N/A	
JT	Calomus Growth and Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	First Financial Bank-Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Rolling Rock Associates, Real Estate Limited Partnership, Owns Rolling Ridge Apts. Montana Avenue Cincinnati, OH	$1,001 - $15,000	Other: (Please specify)	N/A	
JT	7908 Cincinnati-Dayton Road/Suite 1 West Chester, OH (Office Building)	$100,001 - $250,000	RENT	$15,001 - $50,000	
SP	Farm Property -Swamp Road Pantego, NC 27850	$15,001 - $50,000	RENT	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Andrew Boehner

JT	Victory Ohio Municipal Money Market (Formerly Ohio Municipal Cash Trust -name changed in 1999)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	New World Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
JT	Franklin Flex. Cap Growth	$15,001 - $50,000	Other: (Please specify)	NONE	P

SCHEDULE IV - TRANSACTIONS

Name John Andrew Boehner

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	American Funds Euro Pacific	S	12-14-04	$1,001 - $15,000
JT	Franklin Flex. Cap. Growth	P	12-14-04	$15,001 - $50,000
JT	Victory Diversified Fund	S	12-14-04	$15,001 - $50,000
JT	New World Fund	P	12-14-04	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Andrew Boehner

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Food Marketing Institute	Jan. 9-13	Cinti., OH--Phoenix--Cinti., OH	Y	Y	Y	N
Futures Industry Assoc.	Mar. 18-21	Wash., DC--Boca Raton, FL--Wash, DC	Y	Y	Y	N
CSX Corp.	May 28-31	Wash., DC--Lewisburg, WV--Columbus, OH	Y	Y	Y	N
Trans Atlantic Policy Network	Aug. 14-21	Cinti. OH--Edinburg, Scotland--Cinti, OH	Y	Y	N	N
Securities Industry Association	Nov. 3-5	Cinti, OH--Boca Raton, FL--Orlando, FL	Y	Y	Y	N
Trans Atlantic Policy Network	Nov. 30-Dec. 4	Munich, Germany --Paris--Brussels--Wash., DC (Joined in Munich, Germany from Official CODEL travel)	Y	Y	Y	N

SCHEDULE VIII - POSITIONS

Name John Andrew Boehner

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Officer-Non Comp.	Nucite Sales, Inc
Limited Partner	Nucite Sales, LP
Limited Partner	Rolling Ridge Associates

SCHEDULE IX - AGREEMENTS

Name John Andrew Boehner

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
N/A	Nucite Sales, Inc Pension Plan and Profit Sharing Plans	Continued interest, no additional contribution
N/A	State of Ohio Pension and Deferred Compensation Plans	Continued interest, no additional contribution
N/A	Nucite Sales, LP	Limited Partnership

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A — For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 13 PM 3:18

(Office Use Only)

Henry Bonilla
(Full Name)

2458 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

210-225-4511
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representative — State: TX District: 23	☐ Officer Or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $335 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions—	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5-12-05

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry Bonilla

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	USAA Income Stock Fund	None	CAPITAL GAINS	$201 - $1,000	S
	USAA Federal Savings Bank	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	USAA Life Insurance Company	$50,001 - $100,000	INTEREST	$2,501 - $5,000	
	Harte-Hanks Inc. Del	$15,001 - $50,000	DIVIDENDS	NONE	
DC	CBL & Assoc. Pptys Inc.	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
DC	Developers Dvsfd Rlty	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry Bonilla

DC	General Growth Pptys Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
DC	Veritas Inc.	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
DC	Essex Ppty Tr Inc Com	None	CAPITAL GAINS	$2,501 - $5,000	S
DC	Hospitality Pptys Trust	None	CAPITAL GAINS	$2,501 - $5,000	S
DC	Public Storage Inc	None	CAPITAL GAINS	$2,501 - $5,000	S
DC	Vornado Realty Trust Com	None	CAPITAL GAINS	$5,001 - $15,000	S
DC	Harte-Hanks Inc. Del	$15,001 - $50,000	DIVIDENDS	$1 - $200	
DC	Orthodontic Ctrs Inc	$1,001 - $15,000	DIVIDENDS	NONE	
DC	Veritas Inc	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE IV - TRANSACTIONS

Name Henry Bonilla

Report any purchase, sale or exchange by you, your spouse, or dependant child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	USAA Income Stock Fund	S	12-06-04	$1,001 - $15,000
DC	Developers Dvsfd Rlty	P	1-29-04	$15,001 - $50,000
DC	General Growth Pptys Inc	P	1-29-04	$15,001 - $50,000
DC	Essex Ppty Tr Inc Com	S	1-29-04	$15,001 - $50,000
DC	Hospitality Pptys Trust	S	1-29-04	$15,001 - $50,000
DC	Public Storage Inc	S	1-29-04	$15,001 - $50,000
DC	Vornado Realty Trust Com	S	1-29-04	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Henry Bonilla

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
FMI	Jan. 9-11	San Antonio, TX--Phoenix, AZ--San Antonio, TX	Y	Y	N	N/A
The Daily Show	Aug. 2-3	San Antonio, TX--New York--San Antonio, TX	Y	N	N	N/A

HAND DELIVERED

2005 MAY 16 PM 12: 02

(Office Use Only)

MC

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A

For use by Members, officers, and employees

Josiah Robins Bonner, Jr.
(Full Name)

143 Myrtlewood Lane Mobile, AL 36608
(Mailing Address)

202-225-4931
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives — State: AL District: 01 | Officer Or Employee | Employing Office:

Report Type ☑ Annual (May 15) | Amendment | Termination | Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Josiah R. Bonner Jr.	5-12-05

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Josiah Robins Bonner, Jr.

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year
JT	Camden National Bank	$1,001 - $15,000	INTEREST	$1 - $200	NA
	Federal Credit Union	$1 - $1,000	INTEREST	$1 - $200	NA
JT	Whitney National Bank	$1,001 - $15,000	INTEREST	$1 - $200	NA
	Pioneer Growth Shares	$1,001 - $15,000	NONE	NONE	NA
JT	2469 +/- Timberland, Wilcox Co., AL	$1,000,001 - $5,000,000	TIMBER SALES, RENT, LEASES	$100,001 - $1,000,000	Other
JT	First Gulf Bank	$1 - $1,000	INTEREST	$1 - $200	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Josiah Robins Bonner, Jr.

	76 acres timberland, Wilcox Co., AL	$100,001 - $250,000	NONE	NONE	NA
JT	Alabama Pre-Paid Tuition Plan -- Lee Bonner	$1,001 - $15,000	NONE	NONE	NA
JT	Alabama Pre-Paid Tuition Plan - Robins Bonner	$1,001 - $15,000	NONE	NONE	NA
JT	First Camden Bankshares	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	NA
JT	Town and Country National Bank	$50,001 - $100,000	INTEREST	$1,001 - $2,500	NA
JT	RMA Money Market	$1,001 - $15,000	DIVIDENDS	$1 - $200	NA
JT	MFS Emerging Growth	$50,001 - $100,000	NONE	NONE	NA
JT	Oppenheimer Main Street	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	NA
JT	Oppenheimer Growth	$1,001 - $15,000	NONE	NONE	NA
JT	Pioneer Growth Shares	$1,001 - $15,000	NONE	NONE	NA
	2 - 11 acre lots, Baldwin Co., AL	$15,001 - $50,000	NONE	NONE	NA
SP	Cisco	$1 - $1,000	NONE	NONE	NA
SP	Fannie Mae	$1,001 - $15,000	DIVIDENDS	$1 - $200	NA
SP	Health South	$1,001 - $15,000	NONE	NONE	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Josiah Robins Bonner, Jr.

SP	Mirant	$1 - $1,000	NONE	NONE	NA
SP	Southern Company	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	NA
SP	John Hancock Financial	$15,001 - $50,000	DIVIDENDS	$1 - $200	NA
SP	Pioneer Growth Shares	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	NA
DC	Cisco	$1 - $1,000	CAPITAL GAINS	$2,501 - $5,000	sale
DC	Coca- Cola	None	CAPITAL GAINS	$1 - $200	sale
DC	Fannie Mae	$1,001 - $15,000	DIVIDENDS	$1 - $200	NA
DC	Intel	None	CAPITAL GAINS	$1,001 - $2,500	sale
DC	Weyerheuser	$1 - $1,000	DIVIDENDS	$1 - $200	NA
DC	Texas Instrument	None	CAPITAL GAINS	$201 - $1,000	S

SCHEDULE IV - TRANSACTIONS

Name Josiah Robins Bonner, Jr.

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	2469 +/- Timberland, Wilcox Co., AL	Other	February 2004	$500,001 - $1,000,000
DC	Cisco	S	01-12-2004	$1,001 - $15,000
DC	Intel	S	01-12-2004	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Josiah Robins Bonner, Jr.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Business Council of Alabama	Aug. 6-8	Event held in district - no travel expenses	Y	Y	Y	NONE

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HAND DELIVERED

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

MARY BONO
(Full Name)

64505 VIA AMANTE PALM SPRINGS, CA 92264
(Mailing Address)

(202) 225-5330
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative	State: CA District 45	☐ Officer Or Employee — Employing Office: HR MEMBER SERVICES
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTION

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Mary Bono	05/12/05

SCHEDULE I - EARNED INCOME

Name MARY BONO

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
AMERICAN FEDERATION OF MUSICIANS	PENSION	$2,892
AFTRA HEALTH AND RETIREMENT FUNDS	PENSION	$6,024

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
UNION BANK OF CALIFORNIA	$1,001 - $15,000	INTEREST	$201 - $1,000	
MERRILL LYNCH CMA FUND	None	DIVIDENDS	$1 - $200	
APOLLO GROUP INC CL A	$1,001 - $15,000	DIVIDENDS	NONE	
AFLAC INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
ALCOA INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
AMER INTL GROUP	None	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

BURLINGTON N SNTA	$1,001 - $15,000	DIVIDENDS	$1 - $200
BECKMAN COULTER INC	$1,001 - $15,000	DIVIDENDS	$1 - $200
COSTCO WHOLESALE	$1,001 - $15,000	DIVIDENDS	$1 - $200
CISCO SYSTEMS	$1,001 - $15,000	DIVIDENDS	NONE
COLGATE PALMOLIVE	$1,001 - $15,000	DIVIDENDS	NONE
CONAGRA FOODS INC	$1,001 - $15,000	DIVIDENDS	$201 - $1,000
DOMINION RES INC	$1,001 - $15,000	DIVIDENDS	$201 - $1,000
DEERE CO	$1,001 - $15,000	DIVIDENDS	$1 - $200
EXXON MOBIL	$1,001 - $15,000	DIVIDENDS	$201 - $1,000
FIRST DATA CORP.	$1,001 - $15,000	DIVIDENDS	$1 - $200
GALLAGHER ARTHUR J & CO	None	DIVIDENDS	$1 - $200
HEALTH CARE PPTY	$1,001 - $15,000	DIVIDENDS	$201 - $1,000
IBM	$1,001 - $15,000	DIVIDENDS	$1 - $200
L-3 COMMUNICATIONS	$1,001 - $15,000	DIVIDENDS	$1 - $200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

LOWE'S CO.	$1,001 - $15,000	DIVIDENDS	$1 - $200
MCKESSON CORP.	$1,001 - $15,000	DIVIDENDS	$1 - $200
MBIA INC	$1,001 - $15,000	DIVIDENDS	$1 - $200
MEDTRONIC INC	$1,001 - $15,000	DIVIDENDS	$1 - $200
MYLAN LABS	None	DIVIDENDS	$1 - $200
PRAXAIR INC	None	DIVIDENDS	$1 - $200
QUEST DIAGNOSTICS	$1,001 - $15,000	DIVIDENDS	$1 - $200
QUALCOMM INC	$1,001 - $15,000	DIVIDENDS	NONE
SOUTHWEST AIRLINES	$1,001 - $15,000	DIVIDENDS	$1 - $200
SYMANTEC CORP.	$1,001 - $15,000	DIVIDENDS	NONE
UNITEDHEALTH GROUP INC	$1,001 - $15,000	DIVIDENDS	$1 - $200
VIACOM INC CL B	$1,001 - $15,000	DIVIDENDS	$1 - $200
WALGREEN CO	$1,001 - $15,000	DIVIDENDS	$1 - $200
MERRILL LYNCH BANK USA	$1,001 - $15,000	INTEREST	$1 - $200

CALIFORNIA ST PRIN MTIGR SER K BONDS 7%	$1,001 - $15,000	INTEREST	NONE
CENTRAL VALLEY SCH DISTS BONDS 6.25%	$50,001 - $100,000	INTEREST	NONE
LOS ANGELES CO CA SANTN BONDS 4%	$50,001 - $100,000	INTEREST	$1,001 - $2,500
SACRAMENTO CA CTY FING BONDS 5.150%	$15,001 - $50,000	INTEREST	$201 - $1,000
CALIFORNIA ST DEPT WTR BONDS 5.250%	$1,001 - $15,000	INTEREST	$201 - $1,000
LOS ANGELES CA SER AMBIA BONDS 4.00%	$15,001 - $50,000	INTEREST	NONE
LOS ANGELES CA CTFS BONDS 5.00%	$1,001 - $15,000	INTEREST	$201 - $1,000
CALIFORNIA ST PRIN MTIGR-OID	None	INTEREST	$201 - $1,000
CENTRAL VALLEY SCH DISTS-OID	None	INTEREST	$1,001 - $2,500
MERRILL LYNCH CMA FUND	$1,001 - $15,000	DIVIDENDS	$1 - $200
ML BANK DEPOSIT PROGRAM	$50,001 - $100,000	INTEREST	$201 - $1,000
UNION BANK OF CALIFORNIA	$1,001 - $15,000	INTEREST	$201 - $1,000
ISHARES RUS 3000	None	DIVIDENDS	$1 - $200
CMA FUND	$1,001 - $15,000	DIVIDENDS	$1 - $200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

ML BANK DEPOSIT PROGRAM	None	INTEREST	$1 - $200
APOLLO GROUP INC CL A	$1,001 - $15,000	DIVIDENDS	NONE
AFLAC INC	$1,001 - $15,000	DIVIDENDS	$1 - $200
ALCOA INC	$1,001 - $15,000	DIVIDENDS	$1 - $200
AMER INTL GROUP INC	None	DIVIDENDS	$1 - $200
BURLINGTN N SNTA	$1,001 - $15,000	DIVIDENDS	$1 - $200
BECKMAN COULTER	$1,001 - $15,000	DIVIDENDS	$1 - $200
COSTCO WHOLESALE	$1,001 - $15,000	DIVIDENDS	$1 - $200
CISCO SYSTEMS	$1,001 - $15,000	DIVIDENDS	NONE
COLGATE PALMOLIVE	$1,001 - $15,000	DIVIDENDS	NONE
CONAGRA FOODS INC	$1,001 - $15,000	DIVIDENDS	$201 - $1,000
DOMINION RES INC	$1,001 - $15,000	DIVIDENDS	$201 - $1,000
DEERE CO	$1,001 - $15,000	DIVIDENDS	$1 - $200
EXXON MOBIL	$1,001 - $15,000	DIVIDENDS	$1 - $200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

FIRST DATA CORP.	$1,001 - $15,000	DIVIDENDS	$1 - $200
GALLAGHER ARTHUR J & CO	None	DIVIDENDS	$1 - $200
HEALTH CARE PPTY	$1,001 - $15,000	DIVIDENDS	$1 - $200
IBM	$1,001 - $15,000	DIVIDENDS	$1 - $200
L-3 COMMUNICATIONS	$1,001 - $15,000	DIVIDENDS	$1 - $200
LOWE'S CO.	$1,001 - $15,000	DIVIDENDS	$1 - $200
MCKESSON CORP.	$1,001 - $15,000	DIVIDENDS	$1 - $200
MBIA INC	$1,001 - $15,000	DIVIDENDS	$1 - $200
MEDTRONIC INC	$1,001 - $15,000	DIVIDENDS	$1 - $200
MYLAN LABS	None	DIVIDENDS	$1 - $200
PRAXAIR INC	None	DIVIDENDS	$1 - $200
QUEST DIAGNOSTICS	$1,001 - $15,000	DIVIDENDS	$1 - $200
QUALCOMM INC	$1,001 - $15,000	DIVIDENDS	NONE
SOUTHWEST AIRLINES	$1,001 - $15,000	DIVIDENDS	$1 - $200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

SYMANTEC CORP.	$1,001 - $15,000	DIVIDENDS	NONE
UNITEDHEALTH GROUP INC	$1,001 - $15,000	DIVIDENDS	$1 - $200
VIACOM INC CL B	$1,001 - $15,000	DIVIDENDS	$1 - $200
WALGREEN CO	$1,001 - $15,000	DIVIDENDS	$1 - $200
CMA FUND	None	DIVIDENDS	$1 - $200
FEDERAL HOME LOAN BANK SENIOR NOTES 5.80%	$15,001 - $50,000	INTEREST	$201 - $1,000
FEDERAL NATL MTG ASSN BONDS 6.625%	$15,001 - $50,000	INTEREST	$201 - $1,000
FEDERAL FARM CREDIT BANK BONDS 1.875%	$15,001 - $50,000	INTEREST	$201 - $1,000
FEDERAL NATL MTG ASSOC NOTES 3.250%	$1,001 - $15,000	INTEREST	$201 - $1,000
FEDERAL HOME LOAN BANK BOND 3.625%	$15,001 - $50,000	INTEREST	$201 - $1,000
FEDERAL HOME LOAN BANK BONDS 2.25%	None	INTEREST	$1 - $200
FEDERAL HOME LOAN BANK BONDS 2.5%	None	INTEREST	$1 - $200
ML BANK DEPOSIT PROGRAM	$1,001 - $15,000	INTEREST	$1 - $200
UNION BANK OF CALIFORNIA	$15,001 - $50,000	INTEREST	$1 - $200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

ISHARES RUS 3000	None	DIVIDENDS	$1 - $200
CMA FUND	$1,001 - $15,000	DIVIDENDS	$1 - $200
ML BANK DEPOSIT PROGRAM	None	INTEREST	$1 - $200
APOLLO GROUP INC CL A	$1,001 - $15,000	DIVIDENDS	NONE
AFLAC INC	$1,001 - $15,000	DIVIDENDS	$1 - $200
ALCOA INC	$1,001 - $15,000	DIVIDENDS	$1 - $200
AMER INTL GROUP INC	None	DIVIDENDS	$1 - $200
BURLNGTON N SNTA	$1,001 - $15,000	DIVIDENDS	$1 - $200
BECKMAN COULTER INC	$1,001 - $15,000	DIVIDENDS	$1 - $200
COSTCO WHOLESALE	$1,001 - $15,000	DIVIDENDS	$1 - $200
CISCO SYSTEMS INC	$1,001 - $15,000	DIVIDENDS	NONE
COLGATE PALMOLIVE	$1,001 - $15,000	DIVIDENDS	NONE
CONAGRA FOODS INC	$1,001 - $15,000	DIVIDENDS	$201 - $1,000
DOMINION RES INC	$1,001 - $15,000	DIVIDENDS	$201 - $1,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

DEERE CO	$1,001 - $15,000	DIVIDENDS	$1 - $200	
EXXON MOBIL	$1,001 - $15,000	DIVIDENDS	$1 - $200	
FIRST DATA CORPORATION	$1,001 - $15,000	DIVIDENDS	$1 - $200	
GALLAGHER ARTHUR J & CO	None	DIVIDENDS	$1 - $200	
HEALTH CARE PPTY	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
IBM	$1,001 - $15,000	DIVIDENDS	$1 - $200	
L-3 COMMUNICATIONS	$1,001 - $15,000	DIVIDENDS	$1 - $200	
LOWES CO	$1,001 - $15,000	DIVIDENDS	$1 - $200	
MCKESSON CORPORATION	$1,001 - $15,000	DIVIDENDS	$1 - $200	
MBIA INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
MEDTRONIC INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
MYLAN LABS	None	DIVIDENDS	$1 - $200	
PRAXAIR INC	None	DIVIDENDS	$1 - $200	
QUEST DIAGNOSTICS	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

QUALCOMM INC	$1,001 - $15,000	DIVIDENDS	NONE
SOUTHWEST AIRLINES	$1,001 - $15,000	DIVIDENDS	$1 - $200
SYMANTEC CORP	$1,001 - $15,000	DIVIDENDS	NONE
UNITEDHEALTH INC CL B	$1,001 - $15,000	DIVIDENDS	$1 - $200
VIAVOM INC CL B	$1,001 - $15,000	DIVIDENDS	$1 - $200
WALGREEN CO	$1,001 - $15,000	DIVIDENDS	$1 - $200
CMA FUND	None	DIVIDENDS	$1 - $200
FEDERAL HOME LOAN BANK SENIOR NOTES 5.8%	$15,001 - $50,000	INTEREST	$201 - $1,000
FEDERAL NATL MTG ASSN BONDS 6.625%	$50,001 - $100,000	INTEREST	$1,001 - $2,500
FEDERAL HOME LOAN BANK BONDS 2.25%	$1,001 - $15,000	INTEREST	$201 - $1,000
FEDERAL HOME LOAN BANK BONDS 5.375%	$15,001 - $50,000	INTEREST	$1,001 - $2,500
FEDERAL HOME LOAN BANK BONDS 2.5%	$1,001 - $15,000	INTEREST	$201 - $1,000
FINANCING CORP COUPON STRIPS	$1,001 - $15,000	INTEREST	NONE
ML BANK DEPOSIT PROGRAM	$1 - $1,000	INTEREST	$1 - $200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

RETIREMENT RESERVES CL 1-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
FEDERAL HOME LOAN BANK BONDS 2.25%-IRA	$1,001 - $15,000	INTEREST	$1 - $200
FINANCING CORP STRIP BONDS-IRA	$15,001 - $50,000	PAID ON MATURITY	PAID ON MATURITY
FEDERAL HOME LOAN BANK BONDS 2.625%-IRA	$15,001 - $50,000	INTEREST	$201 - $1,000
FEDERAL HOME LOAN BANK SENIOR NOTES 5.8%-IRA	$15,001 - $50,000	INTEREST	$1,001 - $2,500
APOLLO GROUP INC CL A-IRA	$1,001 - $15,000	DIVIDENDS	NONE
AFLAC INC-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
ALCOA INC-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
BURLNGTN N SNTA-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
BECKMAN COULTER INC-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
COSTCO WHOLESALE-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
CISCO SYSTEMS INC-IRA	$1,001 - $15,000	DIVIDENDS	NONE
COLGATE PALMOLIVE-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
CONAGRA FOODS INC-IRA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

DOMINION RES INC-IRA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000
DEERE CO-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
EXXON MOBIL-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
FIRST DATA CORPORATION-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
HEALTH CARE PPTY-IRA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000
IBM-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
L-3 COMMUNICATIONS-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
LOWE'S CO-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
MCKESSON CORP-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
MBIA INC-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
MEDTRONIC INC-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
QUEST DIAGNOSTICS-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
QUALCOMM INC-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
SOUTHWEST AIRLINES-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MARY BONO

SYMANTEC CORP-IRA	$1,001 - $15,000	DIVIDENDS	NONE
UNITEDHEALTH GROUP-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
VIACOM INC CL B-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
WALGREEN CO-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200
BONO COLLECTION TRUST	$250,001 - $500,000	ROYALTIES & INTEREST	$100,001 - $1,000,000
BONO COLLECTION TRUST	$100,001 - $250,000	ROYALTIES & INTEREST	$100,001 - $1,000,000
BONO COLLECTION TRUST	$100,001 - $250,000	ROYALTIES & INTEREST	$100,001 - $1,000,000
SOUNDEXCHANGE, INC.	$1 - $1,000	ROYALTIES	$1 - $200
THE HARRY FOX AGENCY	$15,001 - $50,000	ROYALTIES	$5,001 - $15,000
WARNER MUSIC GROUP	$100,001 - $250,000	ROYALTIES	$50,001 - $100,000
SOUNDEXCHANGE, INC	$1 - $1,000	ROYALTIES	$1 - $200
WARNER MUSIC GROUP	$100,001 - $250,000	ROYALTIES	$15,001 - $50,000
SOUNDEXCHANGE INC	$1 - $1,000	ROYALTIES	$1 - $200
WARNER MUSIC GROUP	$100,001 - $250,000	ROYALTIES	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	COSTCO WHOLESALE	S	01-15-04	$1,001 - $15,000
	CISCO SYSTEMS INC	S	01-15-04	$1,001 - $15,000
	CONAGRA FOODS INC	S	01-15-04	$1,001 - $15,000
	CONAGRA FOODS INC	S	05-13-04	$1,001 - $15,000
	DOMINION RES INC	S	01-15-04	$1,001 - $15,000
	EXXON MOBIL	S	01-15-04	$1,001 - $15,000
	EXXON MOBIL	S	05-13-04	$1,001 - $15,000
	FIRST DATA CORPORATION	S	01-15-04	$1,001 - $15,000
	FIRST DATA CORPORATION	S	05-13-04	$1,001 - $15,000
	GALLAGHER ARTHUR J & CO	S	01-15-04	$1,001 - $15,000
	GALLAGHER ARTHUR J & CO	S	09-01-04	$1,001 - $15,000
	HEALTH CARE PPTY	S	01-08-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	HEALTH CARE PPTY	S	01-15-04	$1,001 - $15,000
	IBM	S	01-15-04	$1,001 - $15,000
	L-3 COMMUNICATIONS	S	01-15-04	$1,001 - $15,000
	L-3 COMMUNICATIONS	S	05-13-04	$1,001 - $15,000
	LOWE'S CO.	S	01-15-04	$1,001 - $15,000
	MCKESSON CORPORATION	S	01-15-04	$1,001 - $15,000
	MBIA INC	S	01-15-04	$1,001 - $15,000
	MEDTRONIC INC	S	01-15-04	$1,001 - $15,000
	MYLAN LABS	S	01-15-04	$1,001 - $15,000
	MYLAN LABS	S	12-14-04	$1,001 - $15,000
	PERFORMANCE FOOD GROUP	S	01-15-04	$1,001 - $15,000
	PERFORMANCE FOOD GROUP	S	08-20-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	PRAXAIR INC	S	08-20-04	$1,001 - $15,000
	QUEST DIAGNOSTICS	S	01-15-04	$1,001 - $15,000
	SOUTHWEST AIRLINES	S	01-15-04	$1,001 - $15,000
	UNITEDHEALTH GROUP INC	S	01-15-04	$1,001 - $15,000
	VIACOM INC CL B	S	01-15-04, 02-27-04	$1,001 - $15,000
	WALGREEN CO	S	01-15-04	$1,001 - $15,000
	CALIFORNIA ST	S	04-15-04	$1,001 - $15,000
	ALCOA INC	S	01-08-04	$1,001 - $15,000
	ALCOA INC	S	01-15-04	$1,001 - $15,000
	AMER INTL GROUP INC	S	01-15-04	$1,001 - $15,000
	AMER INTL GROUP INC	S	02-27-04	$1,001 - $15,000
	AMER INTL GROUP INC	S	10-15-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	APPLIED MATERIAL INC	S	01-15-04	$1,001 - $15,000
	APPLIED MATERIAL INC	S	07-14-04	$1,001 - $15,000
	BURLINGTON N SNTA	S	01-15-04	$1,001 - $15,000
	BECKMAN COULTER INC	S	01-15-04	$1,001 - $15,000
	COMCAST	S	01-15-04	$1,001 - $15,000
	COMCAST	S	02-27-04	$1,001 - $15,000
	LOS ANGELES CO BONDS, 4%	P	01-15-04	$50,001 - $100,000
	SACRAMENTO CA CNTY BONDS, 5.150%	P	05-05-04	$15,001 - $50,000
	CALIFORNIA ST DEPT WTR, 5.250%	P	03-05-04	$1,001 - $15,000
	LOS ANGELES CA SER BONDS, 4%	P	08-12-04	$15,001 - $50,000
	LOS ANGELES CA BONDS, 5%	P	07-21-04	$1,001 - $15,000
	APOLLO GROUP INC CL A	P	08-20-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	AFLAC INC	P	10-18-04	$1,001 - $15,000
	ALCOA INC	P	07-20-04	$1,001 - $15,000
	BURLINGTON N SNTA	P	07-20-04	$1,001 - $15,000
	BECKMAN COULTER INC	P	07-20-04	$1,001 - $15,000
	COSTCO WHOLESALE	P	07-20-04	$1,001 - $15,000
	CISCO SYSTEMS INC	P	07-20-04	$1,001 - $15,000
	COLGATE PALMOLIVE	P	12-13-04	$1,001 - $15,000
	CONAGRA FOODS INC	P	07-20-04	$1,001 - $15,000
	DOMINION RES INC	P	07-20-04	$1,001 - $15,000
	DEERE CO	P	07-15-04	$1,001 - $15,000
	DEERE CO	P	07-20-04	$1,001 - $15,000
	DEERE CO	P	08-20-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	EXXON MOBIL	P	07-20-04	$1,001 - $15,000
	FIRST DATA CORP.	P	02-27-04	$1,001 - $15,000
	FIRST DATA CORP.	P	07-20-04	$1,001 - $15,000
	HEALTH CARE PPTY	P	07-20-04	$1,001 - $15,000
	IBM	P	07-20-04	$1,001 - $15,000
	L-3 COMMUNICATIONS	P	07-20-04	$1,001 - $15,000
	LOWE'S CO.	P	07-20-04	$1,001 - $15,000
	MCKESSON CORP.	P	07-20-04	$1,001 - $15,000
	MEDTRONIC INC	P	07-20-04	$1,001 - $15,000
	QUEST DIAGNOSTICS	P	07-20-04	$1,001 - $15,000
	QUALCOMM INC	P	05-13-04	$1,001 - $15,000
	QUALCOMM INC	P	07-20-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	SOUTHWEST AIRLINES	P	07-20-04	$1,001 - $15,000
	SYMANTEC CORP.	P	09-07-04	$1,001 - $15,000
	UNITEDHEALTH GROUP INC	P	07-20-04	$1,001 - $15,000
	VIACOM INC CL B	P	07-20-04	$1,001 - $15,000
	MBIA INC	P	07-20-04	$1,001 - $15,000
	FEDERAL HOME LOAN BANK BONDS, 2.25%	S	04-20-04	$1,001 - $15,000
	FEDERAL HOME LOAN BANK BONDS, 2.5%	S	01-13-04	$1,001 - $15,000
	ALCOA INC	S	01-08-04	$1,001 - $15,000
	AMER INTL GROUP INC	S	02-27-04	$1,001 - $15,000
	AMER INTL GROUP INC	S	10-15-04	$1,001 - $15,000
	APPLIED MATERIAL INC	S	07-14-04	$1,001 - $15,000
	COMCAST	S	02-27-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	FIRST DATA CORP.	S	05-13-04	$1,001 - $15,000
	GALLAGHER ARTHUR J & CO	S	09-01-04	$1,001 - $15,000
	HEALTH CARE PPTY	S	01-08-04	$1,001 - $15,000
	MYLAN LABS	S	12-14-04	$1,001 - $15,000
	PERFORMANCE FOOD GROUP	S	08-20-04	$1,001 - $15,000
	PRAXAIR INC	S	08-20-04	$1,001 - $15,000
	VIACOM INC CL B	S	02-27-04	$1,001 - $15,000
	AFLAC INC.	P	10-18-04	$1,001 - $15,000
	FEDERAL HOME LOAN BANK SENIOR NOTES, 5.85	P	07-21-04	$15,001 - $50,000
	FEDERAL NATL MTG ASSOC NOTES, 3.25%	P	03-01-04	$1,001 - $15,000
	FEDERAL NATL MTG ASSOC BONDS, 6.625%	P	07-21-04	$15,001 - $50,000
	FEDERAL NATL MTG ASSN BONDS, 6.625%	P	07-28-04	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	APOLLO GROUP INC CL A	P	08-20-04	$1,001 - $15,000
	ALCOA INC	P	07-20-04	$1,001 - $15,000
	BURLINGTON N SNTA	P	07-28-04	$1,001 - $15,000
	BECKMAN COULTER INC	P	07-20-04	$1,001 - $15,000
	COSTCO WHOLESALE	P	07-20-04	$1,001 - $15,000
	COSTCO WHOLESALE	P	07-28-04	$1,001 - $15,000
	CISCO SYSTEMS	P	07-20-04	$1,001 - $15,000
	CISCO SYSTEMS	P	07-28-04	$1,001 - $15,000
	COLGATE PALMOLIVE	P	12-13-04	$1,001 - $15,000
	CONAGRA FOODS INC	P	07-20-04	$1,001 - $15,000
	DOMINION RES INC	P	07-20-04	$1,001 - $15,000
	DEERE CO	P	07-15-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	DEERE CO	P	07-20-04	$1,001 - $15,000
	DEERE CO	P	08-20-04	$1,001 - $15,000
	EXXON MOBIL	P	07-20-04	$1,001 - $15,000
	EXXON MOBIL	P	07-28-04	$1,001 - $15,000
	FIRST DATA CORP.	P	07-20-04	$1,001 - $15,000
	HEALTH CARE PPTY	P	07-20-04	$1,001 - $15,000
	IBM	P	07-20-04	$1,001 - $15,000
	IBM	P	07-28-04	$1,001 - $15,000
	L-3 COMMUMICATIONS	P	07-20-04	$1,001 - $15,000
	L-3 COMMUNICATIONS	P	07-28-04	$1,001 - $15,000
	LOWE'S CO	P	07-20-04	$1,001 - $15,000
	MCKESSON CORP.	P	07-20-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	MBIA INC	P	07-20-04	$1,001 - $15,000
	MBIA INC	P	07-28-04	$1,001 - $15,000
	MEDTRONIC INC	P	07-20-04	$1,001 - $15,000
	MEDTRONIC INC	P	07-28-04	$1,001 - $15,000
	QUEST DIAGNOSTICS	P	07-20-04	$1,001 - $15,000
	QUEST DIAGNOATICS	P	07-28-04	$1,001 - $15,000
	QUALCOMM INC	P	05-13-04	$1,001 - $15,000
	QUALCOMM INC	P	07-20-04	$1,001 - $15,000
	QUALCOMM INC	P	07-28-04	$1,001 - $15,000
	SOUTHWEST AIRLINES	P	07-20-04	$1,001 - $15,000
	UNITEDHEALTH GROUP	P	07-20-04	$1,001 - $15,000
	VIACOM INC CL B	P	07-20-04	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	BURLINGTON N SNTA	P	07-20-04	$1,001 - $15,000
	FINANCING CORP COUPON STRIPS	S	02-27-04	$1,001 - $15,000
	FINANCING CORP COUPON STRIPS	S	04-14-04	$1,001 - $15,000
	US TREASURY STRIPS	S	08-16-04	$15,001 - $50,000
	ALCOA INC	S	01-08-04	$1,001 - $15,000
	AMER INTL GROUP INC	S	02-27-04	$1,001 - $15,000
	AMER INTL GROUP INC	S	10-15-04	$1,001 - $15,000
	APPLIED MATERIAL INC	S	07-14-04	$1,001 - $15,000
	COMCAST	S	02-27-04	$1,001 - $15,000
	EXXON MOBIL	S	05-13-04	$1,001 - $15,000
	FIRST DATA CORP.	S	05-13-04	$1,001 - $15,000
	GALLAGHER ARTHUR J & CO	S	09-01-04	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	HEALTH CARE PPTY	S	01-08-04	$1,001 - $15,000
	L-3 COMMUNICATIONS	S	05-13-04	$1,001 - $15,000
	MYLAN LABS	S	12-14-04	$1,001 - $15,000
	PERFORMANCE FOOD GROUP	S	08-20-04	$1,001 - $15,000
	PRAXAIR INC	S	08-20-04	$1,001 - $15,000
	FEDERAL HOME LOAN BANK BONDS, 2.25%	P	07-21-04	$15,001 - $50,000
	FEDERAL NATL MTG ASSN BONDS, 6.625%	P	07-21-04	$1,001 - $15,000
	FEDERAL NATL MTG ASSN BONDS, 6.625%	P	07-28-04	$15,001 - $50,000
	FEDERAL NATL MTG ASSN BONDS, 6.625%	P	08-17-04	$15,001 - $50,000
	ALCOA INC	P	07-20-04	$1,001 - $15,000
	BURLINGTON N SNTA	P	07-20-04	$1,001 - $15,000
	BURLINGTON N SNTA	P	07-28-04	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	BECKMAN COULTER INC	P	07-20-04	$1,001 - $15,000
	COSTCO WHOLESALE	P	07-20-04	$1,001 - $15,000
	COSTCO WHOLESALE	P	07-28-04	$1,001 - $15,000
	CISCO SYSTEMS INC	P	07-20-04	$1,001 - $15,000
	CISCO SYSTEMS INC	P	07-28-04	$1,001 - $15,000
	CONAGRA FOODS INC	P	07-20-04	$1,001 - $15,000
	DOMINION RES INC	P	07-20-04	$1,001 - $15,000
	DEERE CO	P	07-15-04	$1,001 - $15,000
	DEERE CO	P	08-20-04	$1,001 - $15,000
	EXXON MOBIL	P	07-20-04	$1,001 - $15,000
	EXXON MOBIL	P	07-28-04	$1,001 - $15,000
	FIRST DATA CORP.	P	07-20-04	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	FIRST DATA CORP.	P	07-28-04	$1,001 - $15,000
	IBM	P	07-20-04	$1,001 - $15,000
	IBM	P	07-28-04	$1,001 - $15,000
	L-3 COMMUMICATIONS	P	07-20-04	$1,001 - $15,000
	L-3 COMMUNICATIONS	P	07-28-04	$1,001 - $15,000
	MCKESSON CORP.	P	02-27-04	$1,001 - $15,000
	MCKESSON CORP.	P	07-20-04	$1,001 - $15,000
	MCKESSON CORP.	P	07-28-04	$1,001 - $15,000
	MBIA INC	P	07-20-04	$1,001 - $15,000
	MBIA INC	P	07-28-04	$1,001 - $15,000
	MEDTRONIC INC	P	07-20-04	$1,001 - $15,000
	MEDTRONIC INC	P	07-28-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	QUEST DIAGNOSTICS	P	07-20-04	$1,001 - $15,000
	QUEST DIAGNOSTICS	P	07-28-04	$1,001 - $15,000
	QUALCOMM INC	P	05-13-04	$1,001 - $15,000
	QUALCOMM INC	P	07-20-04	$1,001 - $15,000
	QUALCOMM INC	P	07-28-04	$1,001 - $15,000
	SYMANTEC CORP	P	09-07-04	$1,001 - $15,000
	UNITEDHEALTH GROUP	P	07-20-04	$1,001 - $15,000
	UNITEDHEALTH GROUP	P	07-28-04	$1,001 - $15,000
	VIACOM INC CL B	P	07-20-04	$1,001 - $15,000
	WALGREEN CO	P	07-28-04	$1,001 - $15,000
	APOLLO GROUP INC CL A	P	08-20-04	$1,001 - $15,000
	AFLAC INC	P	10-18-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	COLGATE PALMOLIVE	P	12-13-04	$1,001 - $15,000
	ALCOA INC - IRA	S	01-08-04	$1,001 - $15,000
	HEALTH CARE PPTY - IRA	S	01-08-04	$1,001 - $15,000
	AMER INTL GROUP - IRA	S	02-27-04	$1,001 - $15,000
	COMCAST - IRA	S	02-27-04	$1,001 - $15,000
	FINANCING CORP - IRA	S	04-07-04	$15,001 - $50,000
	EXXON MOBIL - IRA	S	05-13-04	$1,001 - $15,000
	FIRST DATA CORP - IRA	S	05-13-04	$1,001 - $15,000
	L-3 COMMUNICATIONS - IRA	S	05-13-04	$1,001 - $15,000
	APPLIED MATERIAL INC - IRA	S	07-14-04	$1,001 - $15,000
	PERFORMANCE FOOD GROUP - IRA	S	08-20-04	$1,001 - $15,000
	PERFORMANCE FOOD GROUP - IRA	S	08-20-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	PRAXAIR INC - IRA	S	08-20-04	$1,001 - $15,000
	GALLAGHER ARTHUR J & CO - IRA	S	09-01-04	$1,001 - $15,000
	AMER INTL GROUP - IRA	S	10-15-04	$1,001 - $15,000
	MYLAN LABS - IRA	S	12-13-04	$1,001 - $15,000
	FEDERAL HOME LOAN BANK SENIOR NOTES, 5.8% - IRA	P	04-08-04	$15,001 - $50,000
	APOLLO GROUP INC CL A - IRA	P	08-20-04	$1,001 - $15,000
	AFLAC INC - IRA	P	10-18-04	$1,001 - $15,000
	COLGATE PALMOLIVE - IRA	P	12-13-04	$1,001 - $15,000
	DEERE INC - IRA	P	07-15-04	$1,001 - $15,000
	DEERE INC - IRA	P	08-20-04	$1,001 - $15,000
	QUALCOMM INC - IRA	P	05-13-04	$1,001 - $15,000
	SYMANTEC - IRA	P	09-07-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name MARY BONO

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
	WALGREEN - IRA	P	02-27-04	$1,001 - $15,000
	SYMANTEC	P	09-07-04	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name MARY BONO

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
LOG CABIN EVENT	DEC 3-5	PALM SPRINGS-SAN FRANCISCO-PALM SPRINGS	Y	Y	Y	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY 12 PM 4:59
HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC (Office Use Only)

JOHN N. BOOZMAN
(Full Name)

37 CHAMPIONS BLVD, ROGERS, AR 72758
(Mailing Address)

479-273-5099
Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State: AR District: 3rd — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4 § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Boozman	5/12/05

Name John Boozman	Page 2 of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
Diageo	Appearance	March 9, 2004	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock	Indefinite	DIVIDENDS X	IV $1,001 – $2,500	P
	Examples: Simon & Schuster	E $50,001 – $100,000	INTEREST X; Other Type of Income: Royalties	IX $100,001 – $1,000,000	
	Examples: 1st Bank of Paducah, KY accounts	G $250,001 – $500,000	INTEREST X	VI $5,001 – $15,000	
JT	NORTHWEST MUTUAL LIFE	C $15,001 – $50,000	INTEREST X	II $201 – $1,000	
JT	AR NATIONAL BANK	C $15,001 – $50,000	INTEREST X	II $201 – $1,000	
JT	A. G. EDWARDS	B $1 – $1,000	DIVIDENDS X	II $201 – $1,000	
JT	ARVEST BANK	C $15,001 – $50,000	INTEREST X	II $201 – $1,000	
JT	AIM S-T TREASURY	C $15,001 – $50,000	INTEREST X	II $201 – $1,000	
JT	ABG GOVT BOND FUND	C $15,001 – $50,000	INTEREST X	III $1,001 – $2,500	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN N. BOOZMAN

Page 4 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
JT	ABG MUNI BOND FUND - AR	D $15,001 – $50,000	INTEREST	IV $1,001 – $2,500	
JT	ABG MUNI BOND FUND - OTHER	E $50,001 – $100,000	INTEREST	V $2,501 – $5,000	
JT	ABG EQUITY FUND	F $100,001 – $250,000	DIVIDENDS, INTEREST	V $2,501 – $5,000	
JT	AMERITRADE	B $1,001 – $15,000	DIVIDENDS	I None; II $1 – $200	
JT	ARVEST ASSET MGT 401(K)	H $500,001 – $1,000,000	Other Type of Income (Specify): N/A		

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A

For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 AM 11:02

MC

(Office Use Only)

Madeleine Z Bordallo

(Full Name)

427 Cannon House Office Building Washington, DC 20515

(Mailing Address)

202 225 1188

Daytime Telephone

Filer Status: ☑ Member of the U.S. House of Representatives — State: GU — District: AL ☐ Officer Or Employee — Employing Office:

Report Type: (☑) Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐

If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑

If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐

If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☐ No ☑

If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐

If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? Yes ☑ No ☐

If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? Yes ☑ No ☐

If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No ☐

If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑

If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Madeleine Z. Bordallo	5/13/05

377

SCHEDULE I - EARNED INCOME

Name Madeleine Z. Bordallo

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Government of Guam, Lieutenant Governor	Lieutenant Governor's Pension	$37,187.43
Government of Guam, Survivor's Benefit	Survivor's Benefit Pension	$10,937.43

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Madeleine Z. Bordallo

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
(Jonestown) 160 Trenton Blvd. Tamuning, Guam 96912	$500,001 - $1,000,000	RENT	$50,001 - $100,000	
(Silver Meadow) 5747 NE 61st Street Marion County Ocala, FL 34479	$100,001 - $250,000	RENT	$5,001 - $15,000	
(Westbury) 5500 SW 30th Avenue Marion County Ocala, FL 34474	$500,001 - $1,000,000	RENT	$15,001 - $50,000	
Checking Account SunTrust Bank Ocala, FL	$15,001 - $50,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Madeleine Z. Bordallo

Checking Account "MZB Enterprise" Bank of Guam Hagatna, Guam 96910	$50,001 - $100,000	NONE	NONE
Checking Account Congressional Federal Credit Union	$50,001 - $100,000	INTEREST	$1 - $200
Undeveloped real property Lot 20 Block 262 Willow Way Marion County Ocala, FL	$1,001 - $15,000	NONE	NONE
Certificate of Deposit (1) Family Finance Hagatna, Guam 96910	$15,001 - $50,000	INTEREST	NONE

SCHEDULE V - LIABILITIES

Name Madeleine Z. Bordallo

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependant child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Bank of Guam Hagatna, Guam 96910	Mortgage on 160 Trenton Blvd (Tamuning rental home) Tamuning, Guam 96912	$250,001 - $500,000

SCHEDULE VI - GIFTS

Name Madeleine Z. Bordallo

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Fe Ada	Red Louis Vuitton Wallet	$375

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Madeleine Z. Bordallo

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
U.S. -Japan Legislative Exchange Program	Nov 11-15	Guam-Tokyo-Guam	Y	Y	N	N/A
General Federation of Women's Clubs	Jun 26-29	Washington, D.C.-Orlando-Washington, D.C.	Y	Y	N	N/A

SCHEDULE VIII - POSITIONS

Name Madeleine Z. Bordallo

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
(Unpaid) Board of Directors	Latte of Freedom Foundation Hagatna, Guam 96910
(Unpaid) Board of Directors	R.J. Bordallo Foundation Hagatna, Guam 96910
(Unpaid) Advisor	Salvation Army of Guam Hagatna, Guam 96910

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Leonard L Boswell
(Full Name)
4323 Grand Ave, # 433
(Mailing Address)
Des Moines IA 50312

202 225 3806
Daytime Telephone

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: District:	[ ] Officer or Employee — Employing Office
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Leonard L Boswell	5-12-05

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Clarke Community School	Spouse Salary	22,427.41
	Graceland University	Spouse Salary	3167,00
	State of IOWA	Legislative Pension	8077.40

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P S E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts					X									X										X						
			Agriculture Lease (475 A) H Bldg/Burrell Township, Decatur Co. IA						X								N/A								N/A								
			Farm Equipment					X									N/A								N/A								
			Breeding Stock (Cattle)					X								Sale of calves													X				
			Lynn Co (Cellular Tower)					N/A							X											X							

For additional assets and unearned income, use next page.

Name Leonard L Boswell | Page 4 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–04		X								
	Sale of calves			X					X							

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St. Dover, Del.				X						
	Great Western Bank, Leon, IA	Mortgage on land Grant Township, Decatur Co., IA			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

HAND DELIVERED
(Office Use Only)

NC

390

Frederick C. Boucher
(Full Name)

2187 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-3861
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: VA District: 09	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $265 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $265 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Frederick C. Boucher	May 11, 2005

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Frederick C. Boucher

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year
1	Bank of America Checking Account	$1,001 - $15,000	INTEREST	$1 - $200	
2	Nations Securities Savings Account	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
3	BBT Common Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
4	South Financial Group	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
5	Vanguard S&P 500 Index Mutual Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
6	United Company Mutual Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Frederick C. Boucher

7	Rydex Over the Counter Mutual Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
8	New River Funds Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	P
9	Individual Retirement Account, Nations Securities	$15,001 - $50,000	DIVIDENDS/INTEREST	$1,001 - $2,500	
10	Individual Holdings in Retirement Account King Pharmaceuticals Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
11	Jabil Circuit, Inc. Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
12	General Motors Corporation Class H Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	E
13	Echostar Communications Class A Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
14	Fidelity Select Developing Communications Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
15	Fidelity Select Technology Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
16	Rydex OTC Investor Class Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
17	Fidelity 4 -in- 1 Index Fund	$1,001 - $15,000	DIVIDENDS/INTEREST	$201 - $1,000	P
18	Lot - Town of Damascus	$1,001 - $15,000		NONE	
19	Lot - Washington County	$1,001 - $15,000		NONE	

SCHEDULE IV - TRANSACTIONS

Name Frederick C. Boucher

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
1	Fidelity 4 -in- 1 Index Fund	P	01/15/2004	$1,001 - $15,000
2	United Company Mutual Fund	S	04/30/2004	$1,001 - $15,000
3	Fidelity Select Technology Mutual Fund	S	01/15/2004	$1,001 - $15,000
4	Vanguard S&P Index Mutual Fund	P	05/31/2004	$1,001 - $15,000
5	General Motors Corporation Class H Common Stock for Direct TV Group, Inc. Common Stock	E	02/01/2004	$1,001 - $15,000
6	New River Funds Mutual Fund	P	05/31/2004	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Frederick C. Boucher

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Please See attached - Page 5A			N	N	N	

SCHEDULE VII
TRAVEL PAYMENTS AND REIMBURSEMENTS

Source	Dates	Point of Departure - Destination - Point of Return	Lodging	Food	Family Member Included	Any time not at Sponsor's Expense
Wake Forest University, keynote speech to conference on the need to revise the Digital Millennium Copyright Act	3/21/04-3/22/04	Abingdon, VA - Winston Salem, NC – Washington, DC	Yes	No	No	No
Carolina – Virginia Rural Telephone Cooperative Association, keynote speech to annual convention on upcoming Federal Telecommunications law changes	3/18/04-3/19/04	Abingdon, VA - Roanoke, VA - Abingdon, VA	Yes	Yes	No	No
Cellular Telecommunications Industry Association, speech to conference on issues to be debated during the rewrite of the 1996 Telecommunications Act	6/11/04 - 6/13/04	Washington, DC - Hot Springs, VA - Washington, DC	Yes	Yes	No	No
Fiber to the Home Council, keynote address to annual convention regarding Congressional efforts to stimulate the deployment of broadband technologies	10/3/04 – 10/4/04	Bristol, VA – Orlando, FL – Washington, DC	Yes	Yes	No	No

SCHEDULE VIII - POSITIONS

Name Frederick C. Boucher

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member - Local Advisory Board of Directors	BBT Financial

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 12 PM 5:52

(Office Use Only)

Charles William Boustany Jr.
(Full Name)

104 Roswell Crossing
(Mailing Address)

Lafayette LA 70508

Daytime Telephone: 202 225-2051

Filer Status	[X] Member of the U.S. House of Representatives	State LA District: 07	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	CW Boustany Jr	5/5/05

Name Charles W. Boustany, Jr. | Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Charles W. Boustany, Jr. M.D. Ltd A Professional Medical Corporation	Salary	130,594.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset (A–L)	Type of Income	Amount of Income (I–XI)	Transaction
SP	Mega Corp Stock	X (D)	DIVIDENDS	X (IV)	P
DC	Simon & Schuster	Indefinite	Royalties	X (VIII)	
JT	1st Bank of Paducah, KY accounts	X (F)	X (INTEREST)	X (V)	
JT	Iberia Bank Accounts	X (D)	X (INTEREST)	X (I)	
JT	J.P. Morgan Chase stock	X (C)	X (DIVIDENDS)	X (I)	E
SP	Ocean Energy Houston, Tx.		Royalties	X (IV)	
SP	Bass Enterprises Fort Worth, Tx		Royalties	X (III)	
SP	Vintage Petroleum Houston, Tx		Royalties	X (IV)	
SP	Whittier Operating Inc		Royalties	X (I)	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Charles W. Boustany, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction P, S, E
SP	Amerada Hess Corp. Houston Tx		Royalties	X (I)	
SP	Plains Marketing Houston Tx		Royalties	X (I)	
SP	Devon Louisiana Corp. Oklahoma City		Royalties	X (IV)	
SP	Pogo Producing Co. Houston Tx		Royalties	X (III)	
JT	Charles W. Boustany Jr. MD Professional Medical Corporation Profit Sharing Plan National Financial Services (rolled over from Smith Barney)	X (G)	Retirement Plan	NA (IV)	

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SCHEDULE IV — TRANSACTIONS

Name Charles W. Boustany, Jr | Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO DAY YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-04		X								
JT	JP Morgan Chase stock (purchased Bank One)				7/1/04	X									

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Name Charles W. Boustany, Jr. | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Iberia Bank, Lafayette, LA	Business Loan to Medical Practice		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non-profit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Director	Iberia Bank Lafayette Market Advisory Board uncompensated in 2007
Director	Lafayette General Medical Center
Director	Lafayette Community Health Clinic
Director	Blue Cross Blue Shield of LA Physician Advisory Board uncompensated in 2007
President	Charles W. Boustany, Jr. Ltd. Professional Medical Corp.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2005 : 94-729 (mac)

Use additional sheets if more space is required.

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2003

FORM A
For use by Members, officers, and employees

F. Allen Boyd, Jr.
(Full Name)

4867 Ashville Highway Monticello, FL 32344
(Mailing Address)

202-225-5235
Daytime Telephone

Filer Status: ☑ Member of the U.S. House of Representatives — State: FL District: 2 ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	F. Allen Boyd, Jr.	5-16-05

SCHEDULE I - EARNED INCOME

Name F. Allen Boyd, Jr.

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Florida Insurance Consultants	Spouse Commission	N/A
Boyd Family Farms	Spouse Management	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name F. Allen Boyd, Jr.

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
ABC Capital Bank	$100,001 - $250,000	DIVIDENDS	$5,001 - $15,000	
Capital City Bank	$100,001 - $250,000	D/DIVIDENDS	$2,501 - $5,000	
Boyd-Tuten Cattle Farm	$100,001 - $250,000	CAPITAL GAINS	NONE	
BCT Cotton Gin	$500,001 - $1,000,000	DIVIDENDS/RENT/INTEREST	$50,001 - $100,000	
Wright-Patman FCU	$15,001 - $50,000	INTEREST	$201 - $1,000	
Boyd Family Farms, Inc.	$500,001 - $1,000,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name F. Allen Boyd, Jr.

Coastal Plains Farmers Group	$1,001 - $15,000	DIVIDENDS/INTEREST	$201 - $1,000
F.A. Boyd & Sons	$1,000,001 - $5,000,000	DIVIDENDS	NONE
FABJ Inc.	$1,001 - $15,000	DIVIDENDS	NONE
SEP-IRA/Janney Montgomery Scott	$50,001 - $100,000	DIVIDENDS	$1 - $200
Flyway Farm and Flatwood, Greenville, FL	$250,001 - $500,000	Other: Property	NONE
Life Insurance	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000

SCHEDULE V - LIABILITIES

Name F. Allen Boyd, Jr.

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Farm Credit Service	Flyway Farms and Flatwood (land mortgage)	$100,001 - $250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name F. Allen Boyd, Jr

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Alabama Electric Co-Op	Aug. 26, 2004	Tallahassee, FL--Montgomery, AL	N	N	N	N/A

SCHEDULE VIII - POSITIONS

Name F. Allen Boyd, Jr.

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President and Majority Stockholder	Boyd Family Farms, Inc.
President	FABJ Inc.
Board Member	FA Boyd & Sons, Inc.
Board Member	Jefferson County Farm Bureau
Vice President	Boyd-Tuten Cattle Farm

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Page 1 of 1

INSIDE MAIL

2005 MAY 24 AM 9:12
(Office Use Only)

MC

Kevin Patrick Brady
(Full Name)

P.O. Box 8277 The Woodlands, TX 77387
(Mailing Address)

202-225-4901
Daytime Telephone

Filer Status ☑ Member of the U.S House of Representative — State: TX District: 8 — ☐ Officer Or Employee — Employing Office

Report Type ✓ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ✓
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? Yes ☐ No ✓
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If yes, complete and attach Schedule VIII.

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Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ✓

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ✓

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 23, 2005

411

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kevin Patrick Brady

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Am Cent VP Value I	$1,001 - $15,000		NONE	
JT	Chase Bank Personal Checking Account	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Chase Bank Super Savings Account	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Chase Manhattan Employee Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Chase Retirement Plan	$15,001 - $50,000		NONE	
SP	Chase Savings Retirement Plan 401K	$100,001 - $250,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kevin Patrick Brady

SP	Chase Securities Employee Stock Option Plan	$15,001 - $50,000		NONE
	Drey VIF APP Port	$1,001 - $15,000		NONE
	Dreyfuss GVIT MidCap Index I	$1,001 - $15,000		NONE
	EU/BERT AMT LMTMATBND Port	$15,001 - $50,000		NONE
	Farmers New World Life Insurance	$1,001 - $15,000		NONE
	Fidelity FVP Equity INCM Port	$1,001 - $15,000		NONE
SP	IRA Chase Security of Texas: HPQ (formerly Compaq) stock	$15,001 - $50,000		NONE
SP	IRA: Putnam Mid-Cap Value Fund Cl-A	$1,001 - $15,000		NONE
JT	Lexicon Genetics, Inc. Common Stock	$1 - $1,000		NONE
JT	Mid Cap Growth Fund A Shares	$1,001 - $15,000		NONE
	Oppenheimer Global SECS FD/VA IC	$1,001 - $15,000		NONE
	Pacific Life VUL	$1,001 - $15,000		NONE
JT	Putman MM Fund Cl-A	$1 - $1,000	DIVIDENDS	$1 - $200
JT	Putman Small Cap Value Fund Cl-A	$1,001 - $15,000		NONE

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kevin Patrick Brady

	Putnam Ca Opportunities Cl-A	$1,001 - $15,000		NONE
JT	Putnam Growth & Income Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200
	State of Texas Retirement System	$1,001 - $15,000		NONE
DC	UTMA for William Brady -Janus Funds	$1 - $1,000		NONE

SCHEDULE VIII - POSITIONS

Name Kevin Patrick Brady

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board Member	Montgomery County Pachyderm Club
Advisory Board Member	Women Helping Women
Advisory Board Member	Northwest Assistance Ministry
Advisory Board Member	Childrens Museum of The Woodlands
Advisory Board Member	TOMAAGWA Services of Tomball

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A Page 1 of 6
For use by Members, officers, and employees

Robert A. Brady
(Full Name)

7028 Brentwood Road Philadelphia, PA 19151
(Mailing Address)

202-225-4731
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives State: PA District: 01 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more then $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑ No ☐	

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Exemptions--	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes ☐ No ☑

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Rob A Brady	5/12/05

SCHEDULE I - EARNED INCOME

Name Robert A. Brady

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Philadelphia Writ Service	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert A. Brady

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Phila. Fed. C.U.	$250,001 - $500,000	INTEREST	$2,501 - $5,000	
SP	Phila. Fed. CU	$1 - $1,000	INTEREST	NONE	
JT	Citizens Bank of PA	$15,001 - $50,000	INTEREST	$1 - $200	
	City of Phila.	$50,001 - $100,000	Other: (Please specify) Pension	$15,001 - $50,000	
	PA Turnpike Comm.	$15,001 - $50,000	Other: (Please specify) Pension	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert A Brady

	Metro Regional Council	$100,001 - $250,000	Other: (Please specify) Pension & Profit Sharing	NONE	
SP	Phila. Redevelopment Authority	$50,001 - $100,000	Other: (Please specify) Pension	NONE	
SP	D& B Investment, Inc.	$1 - $1,000	Other: (Please specify) Comm. Shares	NONE	
SP	PA Monitoring	$1 - $1,000	Other: (Please specify) Comm. Shares	NONE	
SP	Brigadoon Motel, LLC Wildwood, NJ	$15,001 - $50,000	Other: (Please specify) Ptnshp Income	NONE	

SCHEDULE VIII - POSITIONS

Name Robert A. Brady

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Part-time Adminisrative Asst.	Metropolitan Regional Council

SCHEDULE IX - AGREEMENTS

Name Robert A. Brady

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
2/19/99	Metropolitan Regional Council	Part-time administrative Assistant. Received no salary. MRC continues the funding and vesting of the Member's pension and annuity. The 2004 total was $12,968.55

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

2005 MAY 16 PM 7:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Hon. Corrine Brown
(Full Name)

2444 Rayburn House Office Building
(Mailing Address)

Washington, DC 20525

Daytime Telephone
(202) 225-0123

Filer Status: [X] Member of the U.S. House of Representatives — State: Florida District: 3 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Corrine Brown	May 16, 2005

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp Stock	X	X	X	P
	Examples: Simon & Schuster	Indefinite	Royalties	X	
	Examples: 1st Bank of Paducah, KY accounts	X	X	X	
	Bank of America	X	X	X	
	Wright Patman Congressional Federal Credit Union	X	X	X	

For additional assets and unearned income, use next page.

Name Hon. Corrine Brown

Page 3 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-04		X								
	Automobile	X			12-04		X								
	Automobile	X			12-04		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Wachovia Bank	Loan - Personal	X									
	Wachovia Bank	Loan - Revolving Charge		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

Name Hon. Corrine Brown | Page 5 of 5

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Association of American Railroads	Jan. 16-19	Gainesville--San Diego San Diego--Jacksonville	Y	Y	Y	N
	Association of American Railroads	Nov. 7-10	New York -- West Palm Beach Ft. Lauderdale -- Jacksonville	Y	Y	Y	N

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MC

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

Henry E. Brown, Jr.
(Full Name)

P. O. Box 61886 North Charleston, SC 29419
(Mailing Address)

843-747-5802
Daytime Telephone

Filer Status	[x] Member of the U.S. House of Representatives	State: SC District: 01	[ ] Officer Or Employee — Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [x]	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [x]
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [x]	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x] No [ ]
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x] No [ ]	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [x]
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x] No [ ]	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [x]
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [x]		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Henry E Brown Jr	5/11/05

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry E. Brown, Jr.

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investment(s) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Bond-Tobacco MGMT	None	INTEREST	$1,001 - $2,500	S
	Bonds-SC Jobs Econ	None	INTEREST	$201 - $1,000	S
JT	Bonds-SC State Public Ser Auth	None	INTEREST	$15,001 - $50,000	S
	Bonds-SC State SVC	None	INTEREST	$1 - $200	S
JT	Cash-Bank of America	$15,001 - $50,000	INTEREST	$2,501 - $5,000	
	Cash-Congressional FCU	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry E. Brown, Jr

	Cash-ING Financial Partners	None	DIVIDENDS	$1,001 - $2,500	S
	Cash-Morgan Stanley	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Cash-NBSC MM a/c	$1,001 - $15,000	INTEREST	$1 - $200	
	Cash-Thrift Savings Plan	$50,001 - $100,000	INTEREST	$201 - $1,000	
	Cash-Wachovia	$500,001 - $1,000,000	INTEREST	$5,001 - $15,000	
SP	IRA-First Federal-CD's	$15,001 - $50,000	INTEREST	$201 - $1,000	
	IRA-First Federal-CD's	$100,001 - $250,000	INTEREST	$2,501 - $5,000	
	Lots-1050 & 1052 Dominion Drive	$100,001 - $250,000	CAPITAL GAINS	NONE	E
	Note Receivable-IJK, Properties, LLC	$250,001 - $500,000	INTEREST	$15,001 - $50,000	
	Note Receivable-Purvis Corner, LLC	$50,001 - $100,000	INTEREST	$2,501 - $5,000	
	Real Estate-1,500 + Acres, Farm Land, Berkeley Co.	$1,000,001 - $5,000,000	RENT	$5,001 - $15,000	
	Real Estate-1370 Old Whitesville Rd.	None	CAPITAL GAINS	NONE	PE
	Real Estate-Harbor Square Apt-Washington, DC	$100,001 - $250,000	RENT	NONE	
	Rental Real Estate-1129 Yeamans Hall Road	None	RENT	$2,501 - $5,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Henry E. Brown, Jr.

	Rental Real Estate-1212 Pine Ct	$50,001 - $100,000	RENT	$5,001 - $15,000	
	Rental Real Estate-1432 Watershed Ct.	None	RENT	NONE	E
	Rental Real Estate-5815 Hume Avenue	$50,001 - $100,000	RENT	$5,001 - $15,000	
	Stock-Bell South	None	DIVIDENDS	$201 - $1,000	S
JT	Stock-Delta Airline	None	DIVIDENDS	$1 - $200	S
	Stock-Duke Energy	None	DIVIDENDS	$1 - $200	S
JT	Stock-Ford Motor Co.	None	DIVIDENDS	$201 - $1,000	S
	Stock-General Electric	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	Stock-Greenbax Enterprises	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	Stock-Home Depot	None	DIVIDENDS	$1 - $200	S
JT	Stock-IBM Corp.	None	DIVIDENDS	$201 - $1,000	S
JT	Stock-Lucent Tech.	None	DIVIDENDS	NONE	S
	Stock-Lyondell Chemical Co.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	Stock-Nucor Corp.	None	DIVIDENDS	$1 - $200	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name: Henry E. Brown, Jr.

Page 5 of 6

JT	Stock-Pfizer	None	DIVIDENDS	$201 - $1,000	S
	Stock-Wachovia Corp.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name Henry E. Brown, Jr.

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Stock-General Electric	P	1-15-04	$15,001 - $50,000
	Bond-Tobacco MGMT	S	1-15-04	$50,001 - $100,000
	Bonds-SC Jobs Econ	S	1-15-04	$15,001 - $50,000
	Lots-1050 & 1052 Dominion Drive	E	10-28-04	$100,001 - $250,000
	Stock-Lyondell Chemical Co.	P	1-15-04	$15,001 - $50,000
	Rental Real Estate-1432 Watershed Ct.	E	8-5-04	$100,001 - $250,000
	Bonds-SC State SVC	S	1-15-04	$1,001 - $15,000
	Bonds-SC State Public Ser Auth	S	1-14-04	$500,001 - $1,000,000
	Stock-Bell South	S	3-24-04	$15,001 - $50,000
	Stock-Duke Energy	S	4-13-04	$15,001 - $50,000
	Stock-Nucor Corp.	S	4-13-04	$15,001 - $50,000
	Rental Real Estate-	S	1-12-04	$50,001 - $100,000

SCHEDULE IV - TRANSACTIONS

Name Henry E. Brown, Jr.

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Stock-Delta Air Lines	S	1-14-04	$1,001 - $15,000
JT	Stock-Ford Motor Co	S	1-14-04	$15,001 - $50,000
JT	Stock-Home Depot	S	1-14-04	$15,001 - $50,000
JT	Stock-IBM	S	1-14-04	$15,001 - $50,000
JT	Stock-Lucent Tech	S	1-23-04	$15,001 - $50,000
JT	Stock-Pfizer	S	1-14-04	$15,001 - $50,000
	Real Estate-1370 Old Whitesville Rd.	PE	9-29-04	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Henry E. Brown, Jr.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Myrtle Beach Area Chamber of Commerce	April 29 - May 2	Washington, D.C. - Myrtle Beach, SC	Y	Y	Y	N/A
African Wildlife Foundation	June 26 - July 6	Washington, D.C. - Tanzania	Y	Y	Y	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 12 PM 3:33

U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Sherrod Brown
(Full Name)

2675 E. ERIE
LORAIN, OHIO 44052
(Mailing Address)

202 225 3401
(Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives — State OH District 13	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gifts in the reporting period (e.g., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Sherrod Brown	MAY 2005

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Name SHERROD BROWN. Page 2 of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE TO REPORT		

For payments to charity in lieu of honoraria, use Schedule II.

Name SHERROD BROWN | Page 3 of

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
NONE TO REPORT			

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Name *SHERROD BROWN* Page *4* of __

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Block A: Asset and/or Income Source	B-A: None	B-B: $1 – $1,000	B-C: $1,001 – $15,000	B-D: $15,001 – $50,000	B-E: $50,001 – $100,000	B-F: $100,001 – $250,000	B-G: $250,001 – $500,000	B-H: $500,001 – $1,000,000	B-I: $1,000,001 – $5,000,000	B-J: $5,000,001 – $25,000,000	B-K: $25,000,001 – $50,000,000	B-L: Over $50,000,000	C: DIVIDENDS	C: RENT	C: INTEREST	C: CAPITAL GAINS	C: EXCEPTED TRUST	C: QUALIFIED BLIND TRUST	C: Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	D-I: None	D-II: $1 – $200	D-III: $201 – $1,000	D-IV: $1,001 – $2,500	D-V: $2,501 – $5,000	D-VI: $5,001 – $15,000	D-VII: $15,001 – $50,000	D-VIII: $50,001 – $100,000	D-IX: $100,001 – $1,000,000	D-X: $1,000,001 – $5,000,000	D-XI: Over $5,000,000	E: P, S, E
SP, Examples: SP Mega Corp. Stock					X								X										X								P
DC, Examples: Simon & Schuster	Indefinite																		Royalties									X			
JT, Examples: 1st Bank of Paducah, KY accounts						X									X										X						
FIDELITY MAGELLAN/IRA			X										X																		
MUHLENKAMP				X									X							X											
BRAMWELL GROWTH				X									X							X											
AM. CENTURY				X									X							X											
ARIEL FUNDS				X									X							X											
Cong Credit Union					X										X									X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name | Page ___ of ___

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
	LORAIN NAT'L BANK			X												X						X										
	CALVERT SOCIAL INVEST.			X										X								X										
	OAK TECHNOLOGY			X										X								X										
	OAK GROWTH			X										X							X											
	OAK AGGRESSIVE			X										X							X											
	OHIO PERS			X												X					X											
	NATIONWIDE (RETIRED)			X										X									N/A									
	BRUNLEA FARM				X										X								N/A									
	AOL			X										X							X											

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Name SHERROD BROWN | Page ___ of ___

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
	NONE TO REPORT														

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Name	Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	NONE TO REPORT											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$296
NONE TO REPORT		

Use additional sheets if more space is required.

Name SHERROD BROWN | Page 8 of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	HARVARD U. COMMONWEALTH FUND	1/15-18/04	WASH DC - MIAMI - WASH DC	Y	Y	N	N
	NE DEMOCRACY PROJECT	5/14-15/04	WASH - NY - WASHINGTON	Y	Y	N	N
	ASPEN INSTITUTE Congressional PROGRAM	8/16-27/04	Cleveland OH - Rome Venice - Cleve	Y	Y	Y	Y
	ASPEN INSTITUTE	1/5-11/04	Cleve - Hawaii - Cleveland	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner proprietor representative, employee, or consultant of any corporation, firm, partnership or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature and positions listed on Schedule I

Position	Name of Organization
	NONE To Report

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE to REPORT	

GPO 2005 98-729 (rev.)

Use additional sheets if more space is required.

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
MC 2005 MAY 16 PM 2:41
(Office Use Only)

Virginia "Ginny" Brown-Waite
(Full Name)

11939 West Waterwood Drive Crystal River, FL 34429
(Mailing Address)

202-225-1002
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives State: FL District: 05 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependant child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Ginny Brown-Waite	5/16/05

SCHEDULE I - EARNED INCOME

Name Virginia "Ginny" Brown-Waite

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Florida, Tallahassee FL	Pensions	$13,644
State of New York, Albany New York	Spouse Pension	$18,652
State of New York, Deferred Compensation	Deferred Compensation	$1,861
State of NY, Albany NY	Pension	$17,626

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	NYS Deferred Compensation; Fidelity Magellan	$1,001 - $15,000	Growth	n/a	
	NYS Deferred Compensation; Fidelity OTC Fund	$1,001 - $15,000	Growth	n/a	
	NYS Deferred Compensation; MSIF Value Portfolio Inv	$1,001 - $15,000	Growth	n/a	
	NYS Deferred Compensation; Vanguard Inst Index Fd	$1,001 - $15,000	Growth	n/a	
JT	Cortez Comm. Bank	$1,001 - $15,000	Growth	n/a	
JT	Putnam Tx Exempt	$1 - $1,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

Deferred Comp. Hernando Co. The Hartford, Janus Worldwide	$1,001 - $15,000	Growth	n/a
Deferred comp. Hartford; Putnam Vista	$1,001 - $15,000	Growth	n/a
Deferred Comp. Hartford; Janus Twenty	$1,001 - $15,000	Growth	n/a
Deferred Comp, Hartford; AMCentury Ultra	$1,001 - $15,000	Growth	n/a
Deferred Comp, Hartford, Htfd Div & Growth HLS	$1,001 - $15,000	Growth	n/a
Nationwide Deferred Comp, SW FL WTR MGT, T Rowe Price Science & Tech	$1,001 - $15,000	Growth	n/a
Nationwide Deferred Comp, SW FL WTR MGMT, Janus World Wide	$1,001 - $15,000	Growth	n/a
Nationwide Deferred Comp SW FL WTR MGMT Janus Fund	$1,001 - $15,000	Growth	n/a
Nationwide Deferred Comp, SW FL WTR MGMT, N B Soc Responsive Fund (previosuly part of mid cap)	$1,001 - $15,000	Growth	n/a
Nationwide Deferred Comp, SW FL WTR MGMT Fid Contrafund	$1,001 - $15,000	Growth	n/a
Nationwide Deferred Comp, SW FL WTR MGMT, Scudder-Dreman, previously part of large cap	$1 - $1,000	Growth	n/a
Nationwide Deferred Comp, SW FL WTR MGMT, Fixed Acct	$1,001 - $15,000	Interest	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

H & R Block Sep, IRA Money Market	$1,001 - $15,000	Interest	n/a	
H & R Block Sep, Harmonic	$1 - $1,000	Growth	n/a	
H & R Block Sep Microsoft	$1,001 - $15,000	Growth	n/a	
H & R Block Sep, II-VI	$1,001 - $15,000	Growth	n/a	P
H & R Block, Sep IRA; Bandwidth PortTrust	$1 - $1,000			S
H & R Block IRA, Money Market	$1 - $1,000	INTEREST/DIVIDENDS	$1 - $200	
H & R Block IRA, General Electric	$1,001 - $15,000	Growth	n/a	
H & R Block IRA Jabil Circut	$1,001 - $15,000	Growth	n/a	
H & R Block Cash	$1,001 - $15,000	INTEREST/DIVIDENDS	$1 - $200	
H & R Block Manulife previously John Hancock	$1,001 - $15,000	INTEREST	n/a	
H & R Block, Walmart	$1,001 - $15,000	INTEREST	$1 - $200	
H & R Block, Money Market	$1 - $1,000	INTEREST/DIVIDENDS	$1 - $200	
H & R Block, Home Depot	$1,001 - $15,000	Growth	n/a	
H & R Block, Van Kampen	$1 - $1,000	Growth	n/a	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

	Nationwide, Deferred Comp State of FL, Van Kampen Growth, previously part of Large Cap	$1,001 - $15,000	Growth	n/a
	Nationwide, Deferred Comp, State of FL, Fixed Acct	$15,001 - $50,000	Interest	n/a
JT	Travelers IRA; Growth & Income	$1,001 - $15,000	Growth	$201 - $1,000
JT	Ameritrade IRA, Putnam Voyager	$1,001 - $15,000	Growth	n/a
JT	Travelers IRA; Capital Appr. Fund	$1,001 - $15,000	Growth	$201 - $1,000
JT	Nationwide Deferred Comp, State of FL, Am Cent Ultra (formerly Amer Century Growth and AMER Century Ultra	$15,001 - $50,000	Growth	n/a
JT	Nationwide, Deferred Comp, State of FL Brown Cap Mgt Sm Co (formerly small cap fund)	$1,001 - $15,000	growth	n/a
JT	Travelers IRA; Dreyfus Stock Index Fund	$1,001 - $15,000	Growth	$201 - $1,000
	Nationwide, Deferred Comp, State of FL One Group Midcap (formerly MSIF)	$1,001 - $15,000	Growth	n/a
JT	Nationwide, Deferred Comp, State of FL Templeton Forgein Fund	$1,001 - $15,000	Growth	n/a
JT	Nationwide Deferred Comp, State of FL, Waddell & Reed Adv (formerly Large Cap)	$1,001 - $15,000	growth	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

	Ameritrade IRA; Sbc Commun (includes formerly AT & T wireless).	$1,001 - $15,000	Growth	n/a	
	Ameritrade IRA; Money Market	$1,001 - $15,000	Interest	n/a	
JT	Ameritrade IRA; Money Market	$15,001 - $50,000	Interest	n/a	
	Dreyfus IRA; Dreyfus Growth Opportunity Fund	$1,001 - $15,000	Growth/INTERES T	$1 - $200	
	Dreyfus IRA; Dreyfus Small Company Value	$1,001 - $15,000	Growth	n/a	
	Dreyfus IRA; Dreyfus Midcap Value	$1,001 - $15,000	Growth	n/a	
	John Hancock Govt.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Franklin Templeton; Growth Fund	$1,001 - $15,000	Growth	n/a	
	Franklin Templeton; Sector Fund	$1,001 - $15,000	Growth	n/a	
	Franklin Templeton; International Fund	$1 - $1,000	Growth	n/a	P
	Hernando Tax Cert	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Discover Money Market	$15,001 - $50,000	INTEREST	$201 - $1,000	
	World Saving Bank; Money Market	$100,001 - $250,000	INTEREST	$2,501 - $5,000	
	Bank of America	$100,001 - $250,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

DC Property 408 F Street NW, and rental income	$500,001 - $1,000,000	Rental	$15,001 - $50,000	
2 lots- Marsh Hen Drive Shallotte, NC	$15,001 - $50,000		n/a	
Lot-Ellijay, GA	$15,001 - $50,000		n/a	S
1959 MG Collector Car	$1,001 - $15,000		n/a	
US Savings Bond	$1,001 - $15,000			
Etrade, Money Market	$1 - $1,000	Growth	$1 - $200	
Etrade, Avaya INC	$1 - $1,000	Growth	n/a	
Etrade, Indymac Bancorp	$1,001 - $15,000	Growth	$1 - $200	
Etrade, Cisco	$1,001 - $15,000	Growth	n/a	
Etrade, Jabil Circuit	$1,001 - $15,000	Growth	n/a	
Etrade, Stewart Ent.	$1,001 - $15,000	Growth	n/a	
Etrade, Tech Data	$15,001 - $50,000	Growth	n/a	
Etrade, Time Warner	$1,001 - $15,000	Growth	n/a	
Etrade, Tyco	$1,001 - $15,000	Growth	n/a	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Virginia "Ginny" Brown-Waite

Nationwide Deferred; Dreyfus Prem 3rd Century	$1,001 - $15,000	Growth	S
Nationwide Deferred; Fidelity Magellan	$1,001 - $15,000	growth	S
Nationwide Deferred Comp; Legg Mason Value	$1,001 - $15,000	Growth	S
Nationwide Deferred Comp; Brandywine	$1 - $1,000	Growth	S

SCHEDULE IV - TRANSACTIONS

Name Virginia "Ginny" Brown-Waite

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Lot-Ellijay, GA	S	4/30/2004	$15,001 - $50,000
	H & R Block Sep, II-VI	P	9/01/2004	$1,001 - $15,000
	Nationwide Deferred; Dreyfus Prem 3rd Century	S	09/01/2004	$1,001 - $15,000
	Nationwide Deferred; Fidelity Magellan	S	06/01/2004	$1,001 - $15,000
	Nationwide Deferred Comp; Legg Mason Value	S	06/01/2004	$1,001 - $15,000
	Nationwide Deferred Comp; Brandywine	S	06/01/2004	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Virginia "Ginny" Brown-Waite

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Bank of America	Mortage of 408 F Street, NE Washington	$500,001 - $1,000,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

2005 MAY 13 AM 10 14
CLERK, U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVER
(Office Use Only)

MICHAEL C. BURGESS, M.D.
(Full Name)

P.O. BOX 292728
LEWISVILLE TX 75029-2728
(Mailing Address)

Daytime Telephone: 202-225-7772

Filer Status	☑ Member of the U.S. House of Representatives	State TEXAS District 26	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	M. C. Burgess	5/13/2005

Name MICHAEL C. BURGESS | Page 2 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B	Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp Stock					X							X										X								P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts					X									X									X							
	Lake Point Medical Realty GP, LLC			X																		X											
	Lake Point Medical Realty Ltd							X														X											
	2509 Scripture, LP				X												X							X									
	5 ac. Talkeetna Alaska				X																	X											
	American Movil SA DE CV				X										X								X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MICHAEL C. BURGESS

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
	Cigna Corp	C	DIVIDENDS	II	
	Walt Disney Co	C	DIVIDENDS	II	
	Ford Motor Co	B	DIVIDENDS	II	
	HCA Inc	C	DIVIDENDS	II	
	Intsl Corporation	C	DIVIDENDS	II	
	IBM	B	DIVIDENDS	II	
	Medco Health	B		I	
	Merck and Co	C	DIVIDENDS	III	
	Microsoft	C	DIVIDENDS	II	S
	Nokia	B	DIVIDENDS	II	
	Petrofund Energy Tr	C	DIVIDENDS	III	
	Southwest Airlines	C	DIVIDENDS	II	
	Stryker Corp	D	DIVIDENDS	II	
	Telefonos De Mexico	C	DIVIDENDS	II	
	Time Warner	B		I	
	Texas Instruments	B	DIVIDENDS	II	
	Fidelity Adv Series Equity Growth Strategies	C	DIVIDENDS	II	
	MFS Series II Emerging Growth Fund	B		I	
	General Electric	C	DIVIDENDS	II	
	UPS	B	DIVIDENDS	II	
	Wyeth	C	DIVIDENDS	II	
SP	GE LF Annuity (IRA)	C	Cap Gnd Reinv	I	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MICHAEL C. BURGESS Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Pfizer Inc		X	X	
JT	Texas Bank		X	X	
	Centennial MM	X	X	X	
JT	United Community Bank	X	X	X	
	2.5 acres Harbor St AR	X		X	
	Lewisville Obs Gyn	X		X	S
	4637 Ivanhoe Ft Worth	X		X	
	4ac Timbercrest Lewisville	X	X	X	
SP	America Movil Sa de CV	X		X	
SP	Avaya Inc	X		X	
SP	Stryker Corp	X	X	X	
SP	Telefonos de Mexico	X	X	X	
SP	Fidelity Adv Series Equity Growth	X		X	
SP	MFS Series Trust II Emerging Growth	X		X	
SP	Access Sys Inc Equity Fund	X		X	
SP	Lucent Technology	X		X	
SP	Pfizer Inc	X	X	X	
SP	MetLife (Life Ins)	X	X	X	
	Federal Credit Union	X	X	X	
	Security Bank CD	X	X	X	
	Security Bank	X		X	
	Abbot Laboratories	X	X	X	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael C Burgess, M D.

SP, DG, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	RENT	EXCEPTED TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	Hartford Annuity (IRA)			X													Cap Appreciation		X									
	Morgan Stanley Money Market	X															Interest	X										S
	Louisville Surgeons Partners, Ltd.				X												Cap Appreciation	X										

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SCHEDULE IV — TRANSACTIONS

Name Michael C Burgess, M.D. Page 6 of 9

SP, DC, JT	Asset	Type of Transaction: SALE	Date (MO/DAY/YR)	Amount of Transaction: C $15,001–$50,000	E $100,001–$250,000	G $500,001–$1,000,000	I $5,000,001–$25,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock		10–12–03	X				
	50 Shares Microsoft Common Shares	X	7-1-04					
	Sold Shares in Lewisville Obstetrics and Gynecology in Lewisville, TX	X	12-31-04		X			
	Morgan Stanley Money Market	X	3-5-04	X				

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Bank of America	mortgage on 4637 Ivanhoe Ft. Worth TX		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$280
NONE		

Use additional sheets if more space is required.

Name Michael C Burgess | Page 9 of 9

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples. Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples. Roycroft Corporation	Aug. 8–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
Xelon	Jan. 16-18	DFW - San Diego - DFW	Y	Y	N	N
The Heritage Foundation RSC Retreat	Jan. 21-23	Wash. DC - Cambridge, MA - Wash. D.C.	Y	Y	N	N
Galveston County Medical Society	Jan. 24-25	DFW-Galveston-DFW	Y	N	N	N
The German Marshall Fund	Dec. 9-11	Wash D.C. - Miami - Wash. D.C.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Trustees (retired - member Emeritus)	Medical Center of Lewisville (Texas)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 2005 — 86-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 MAY 16 PM 3:09
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Danny Lee Burton
(Full Name)

2185 Rayburn HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-2276

Filer Status	[X] Member of the U.S. House of Representatives — State: IN District: 5th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	X Danny Lee Burton	5/15/05

Name Danny L. Burton

Page 2 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

		Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Examples	Mega Corp. Stock					X								X										X								P
DC		Simon & Schuster			Indenture																Royalties									X			
JT		1st Bank of Paducah, KY accounts						X									X										X						
		Barching Govt Mo Market						X									X							X									P
		Baird Russell Lifepts Fund						X							X																		S
		Baird Money Market		X													X							X									S
		Acanico Eqlamines Ltd Com			X										X									X									S
		Barrick Gold Corp Com			X										X							X											S
		Microsoft Corp			X										X							X											S

For additional assets and unearned income, use next page.

05/16/2005 11:33 FAX

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny L Burton

Page 3 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Newmont Mining			X										X								X										S
	Nuveen Mun Mkt			X										X									X									S
	(Alliance Bernstien Capital Reserve Fund →				X									X								X										P
	Canyon Resources		X											X							X											
	Cariva Corp		X											X							X											
	Full House Resorts			X										X							X											
	K2 Inc				X									X							X											
	(Alliance Bernstien Global Tech →			X										X							X											(E)

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny L Burton

Page 4 of 6

SP OC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P	S	E
	Harting Farm								X						X									X											
	Burton Ranch						X														X														
	Johnson Co (11.84 acres)							X													X												4 pages	S	
	Johnson Co (23.7 acres)							X							X						X			X											
	Flat Creek Ky				X																X														
	Laurel Co Ky				X																X													S	
	(2177 - 2181 Galaxy							X							X										X									S	
	2176 - 2180 Galaxy)																																	S	
	Plata Del Norte						X														X													P	

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SCHEDULE IV — TRANSACTIONS

Name Danny L. Burton

Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	Pershing Govt Money Market	X			4/15/04				X						
	Baird Russell Lifepoints Fund		X		4/12/04				X						
	Baird Money Market		X		4/12/04	X									
	Agnico Eagle Mines Ltd Com		X		4/13/04	X									
	Barrick Gold Corp Com		X		4/28/04	X									
	Microsoft Corp.		X		3/18/04	X									
	Newmont Mining		X		4/20/04	X									
	Nuveen Mun Mkt		X		4/6/04	X									
	Alliance Bernstien Cap Resv Fund	X			4/15/04		X								
	Alliance Bernstien Global Tech			X	4/15/04	X									
	Laurel Co Ky		X		9/94/14/04		X								
	Johnson Co (4± acres)		X		3/12/04		X								
	2176-2180 Galaxy		X		3/12/04				X						
	2177-2181 Galaxy		X		4/23/04				X						
	Plata Del Norte	X			2/14/04				X						

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 8–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Chinese Intl. Economic Cooperation Assoc. (CIECA)	10/19-23/04	Wash, DC - Taipei, Taiwan - Wash, DC	Y	Y	N	N
		10/27-28/04					

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
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(Office Use Only)
U.S. HOUSE OF REPRESENTATIVES

G. K. Butterfield
(Full Name)

P. O. Box 2571
(Mailing Address)

Wilson, NC 27894

Daytime Telephone (252) 243-7996

Filer Status [X] Member of the U.S. House of Representatives — State: N. C. District: 01 [ ] Officer or Employee — Employing Office:

Report Type [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	G K Butterfield	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
State of North Carolina	Retirement	50,340.00
Fitch, Butterfield, + Wynn	Partnership Fees	8,400.00
Fair Play Partnership	Partnership Fees	39,000.00
Partnership with Mills	Partnership Fees	4,200.00
Various Rental Properties	Individual Fees	66,262.00

For payments to charity in lieu of honoraria, use Schedule II.

Name G. K. Butterfield | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name G. K. Butterfield

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
SP, DC, JT	Examples: SP Mega Corp. Stock; Simon & Schuster; 1st Bank of Paducah, KY accounts	Indefinite	X (Interest); X (Other Type of Income: Royalties)	X (Dividends); X (Rent); X (Other Type of Income: Royalties)	P
	Deposits in Banks	X ($1,001 – $15,000)	X (Other Type of Income: Savings)	X ($1,001 – $2,500)	
	Notes Receivable	X ($50,001 – $100,000)	X (Interest)	X ($2,501 – $5,000)	
	R.E. Partnership-FBW	X ($100,001 – $250,000)	X (Rent)	X ($5,001 – $15,000)	
	R.E. Partnership-Connie	X ($500,001 – $1,000,000)	X (Rent)	X ($15,001 – $50,000)	
	R.E. Partnership-Mills	X ($100,001 – $250,000)	X (Rent)	X ($2,501 – $5,000)	
	Real Estate-Individual	X ($1,000,001 – $5,000,000)	X (Rent)	X ($50,001 – $100,000)	

See Attachments A, B & C

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name G. K. Butterfield

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	
	Thrift Savings Plan	B	INTEREST	II	
	N.C. Retirement System	F	Retirement	VIII	

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SCHEDULE IV — TRANSACTIONS

Name G. K. Butterfield

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			15-12-04		X								
	Rental Property - 1212 Queen St, Wilson		X		1-1-04	X									
	Rental Property - 613 E. Green St, Wilson		X		1-1-04	X									
	Rental Property - 802 E. Green St, Wilson		X		1-1-04	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	SEE Attachment For											
	" Schedule V - Liabilities											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
N/A		

Use additional sheets if more space is required.

Schedule V - Liabilities

G. K. Butterfield

Creditor	Type of Liability	Amount of Liability				
		B	C	D	E	F
		$10,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000
CountryWide Bank, Wilson, NC	Mortgage on 1425 4th Street SW of Washington, DC					X
Heritage Bank, Wilson, NC	Mortgage on 536 Nash (B T Barnes) of Wilson, NC			X		
Cornerstone Bank, Wilson NC	Mortgage on 528 Nash St (Beauty Parlor) of Wilson, NC			X		
Heritage Bank, Wilson, NC	Mortgage on 548 Nash St (Rosemond) of Wilson, NC			X		
Cornerstone Bank, Wilson NC	Mortgage on 106 Pender St (Xiamena) of Wilson, NC		X			
Cornerstone Bank, Wilson NC	Mortgage on 301 Pender St of Wilson, NC		X			
Heritage Bank, Wilson, NC	Mortgage on 542 Nash St (Potts) of Wilson, NC			X		
Cornerstone Bank, Wilson NC	Mortgage on 1614 MLK Pkwy of Wilson, NC		X			
First Citizens, Wilson, NC	Mortgage on 800 Hines St of Wilson, NC			X		
Cornerstone Bank, Wilson NC	Mortgage on 5314 Ward Blvd of Wilson, NC			X		
Cornerstone Bank, Wilson NC	Mortgage on 1702 MLK Pkwy of Wilson, NC		X			
Heritage Bank, Wilson, NC	Mortgage on 115 Ash of Wilson, NC		X			
Heritage Bank, Wilson, NC	Mortgage on 603 Nash St of Wilson, NC		X			
BB&T Bank, Wilson, NC	Mortgage on 211-213 Pender St of Wilson, NC				X	
BB&T Bank, Wilson, NC	Mortgage on 109 Wayfarer Ct of Wilson, NC				X	
BB&T Bank, Wilson, NC	Mortgage on 325 E Nash St (Funeral Home) of Wilson, NC			X		
Cornerstone Bank, Wilson NC	Mortgage on 109, 201, 203 S Pender St (Leake) of Wilson, NC			X		
Cornerstone Bank, Wilson NC	Mortgage on 205 S Pender St (Peppers) of Wilson, NC			X		
BB&T Bank, Wilson, NC	Personal Loan on Other Liabilities (Wilson, NC)			X		

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	N/A						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
N/A		

GPO 2005 98-729 (mac)

Use additional sheets if more space is required.

Attachment "A"

Partnerships Real Estate
G.K. Butterfield

Description	Value	Entity
211-213 Pender St	$300,000	
109 Wayfarer Ct	$300,000	
215 S Pender St	$10,000	
135 Wayfarer Ct	$25,000	
Total	**$635,000**	R.E. Partnership--Connie
325 E Nash St (Funeral Home)	$210,000	
Total	**$210,000**	R.E. Partnership--Fitch, Butterfield, & Wynn
622 Nash St (Garris)	$20,000	
109,201,203 S Pender St (Leake)	$50,000	
205 S Pender St (Peppers)	$30,000	
107 S Pender St (K&H)	$10,000	
610-612 E Nash St (Funeral Home)	$20,000	
Total	**$130,000**	R.E. Partnership--Mills

Attachment "B"

Real Estate--Individual
G.K. Butterfield

Description	Value
536 Nash (BTBarnes)	$110,000
528 Nash St (Beauty Parlor)	$60,000
548 Nash St (Rosemond)	$72,000
106 Pender St (Xiamena)	$70,000
301 Pender St	$25,000
542 Nash St (Potts)	$30,000
1614 MLK Pkwy	$29,000
800 Hines St	$175,000
5314 Ward Blvd	$70,000
1702 MLK Pkwy	$75,000
115 Ash	$30,000
117 Ash	
603 Nash St	$80,000
611-613 Nash St	$40,000
111-113 Ash St	$30,000
203 East St	$20,000
301 East St	$20,000
1704 MLK Pkwy	$15,000
532 Nash (Tolson)	$20,000
544 Nash (Tolson)	$20,000
534 Nash (Wingate)	$15,200
550 Nash	$15,000
217 Pender St	$15,000
406 Maury St	$6,000
410 Maury St	$10,000
Total	$1,052,200

Attachment "C"

G.K. Butterfield
Financial Disclosure Statement For Calendar Year 2004
Footnotes accompanying Form "A"

- Notes Receivables---Previously reported as Loan to Butterfield for Congress.
- R.E. Partnership---F.BW.---Previously reported as Fitch, Butterfield, & Wynn.
- R.E. Partnership---Connie---Previously reported as Fair Play Child Center, Inc.
- R.E. Partnership---Mills---Previously reported as Butterfield Properties.
- Real Estate---Individual---Previously reported as G.K. Butterfield Proprietor.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 4:49

(Office Use Only)

MC

G. K. Butterfield
(Full Name)

P. O. Box 2571
(Mailing Address)

Wilson, NC 27894

Daytime Telephone (252) 243-7996

Filer Status	☒ Member of the U.S. House of Representatives	State: N. C. District: 01	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	G. K. Butterfield Jr.	

Name G. K. Butterfield | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of North Carolina	Retirement	50,340.00
	Fitch, Butterfield, + Wynn	Partnership Fees	8,400.00
	Fair Play Partnership	Partnership Fees	39,000.00
	Partnership with Mills	Partnership Fees	4,200.00
	Various Rental Properties	Individual Fees	66,262.00

For payments to charity in lieu of honoraria, use Schedule II.

Name G. K. Butterfield | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
	XYZ Magazine	Article	Aug. 13, 2004	$500
	N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name G. K. Butterfield

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X							P
DC	Examples: Simon & Schuster		Indefinite																	Royalties								X			
JT	1st Bank of Paducah, KY accounts						X									X									X						
	Deposits In Banks				X															Savings			X								
	Notes Receivable					X										X								X							
	R.E. Partnership-FBW		See Attachments A, B & C				X								X										X						
	R.E. Partnership-Connie								X						X											X					
	R.E. Partnership-Nills						X								X									X							
	Real Estate-Individual									X					X												X				

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name G. K. Butterfield

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Thrift Savings Plan			X												X						X										
	N.C. Retirement System						X													Retirement								X				

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SCHEDULE IV — TRANSACTIONS

Name G. K. Butterfield

SP, DC, JT	Asset (Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.)	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	Rental Property - 1212 Queen St, Wilson		X		1-1-04	X									
	Rental Property - 613 E. Green St, Wilson		X		1-1-04	X									
	Rental Property - 802 E. Green St, Wilson		X		1-1-04	X									
	Rental Property - 712 Vick St, Wilson		X		1-1-04	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	See Attachment For											
	"Schedule V - Liabilities											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
N/A		

Use additional sheets if more space is required.

Schedule V - Liabilities

G. K. Butterfield

Creditor	Type of Liability	Amount of Liability				
		B	C	D	E	F
		$10,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000
Heritage Bank, Wilson, NC	Mortgage on 536 Nash (B T Barnes) of Wilson, NC			X		
Cornerstone Bank, Wilson NC	Mortgage on 528 Nash St (Beauty Parlor) of Wilson, NC			X		
Heritage Bank, Wilson, NC	Mortgage on 548 Nash St (Rosemond) of Wilson, NC			X		
Cornerstone Bank, Wilson NC	Mortgage on 106 Pender St (Xiamena) of Wilson, NC		X			
Cornerstone Bank, Wilson NC	Mortgage on 301 Pender St of Wilson, NC		X			
Heritage Bank, Wilson, NC	Mortgage on 542 Nash St (Potts) of Wilson, NC			X		
Cornerstone Bank, Wilson NC	Mortgage on 1614 MLK Pkwy of Wilson, NC		X			
First Citizens, Wilson, NC	Mortgage on 800 Hines St of Wilson, NC			X		
Cornerstone Bank, Wilson NC	Mortgage on 5314 Ward Blvd of Wilson, NC			X		
Cornerstone Bank, Wilson NC	Mortgage on 1702 MLK Pkwy of Wilson, NC		X			
Heritage Bank, Wilson, NC	Mortgage on 115 Ash of Wilson, NC		X			
Heritage Bank, Wilson, NC	Mortgage on 603 Nash St of Wilson, NC		X			
BB&T Bank, Wilson, NC	Mortgage on 211-213 Pender St of Wilson, NC				X	
BB&T Bank, Wilson, NC	Mortgage on 109 Wayfarer Ct of Wilson, NC				X	
BB&T Bank, Wilson, NC	Mortgage on 325 E Nash St (Funeral Home) of Wilson, NC			X		
Cornerstone Bank, Wilson NC	Mortgage on 109, 201, 203 S Pender St (Leake) of Wilson, NC			X		
Cornerstone Bank, Wilson NC	Mortgage on 205 S Pender St (Peppers) of Wilson, NC			X		
BB&T Bank, Wilson, NC	Personal Loan on Other Liabilities (Wilson, NC)			X		

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	N/A						

This page may be copied if more space is required.

Name G. K. Butterfield | Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
N/A		

GPO: 2006 98-729 (mac)

Use additional sheets if more space is required.

Attachment "A"

Partnerships Real Estate
G.K. Butterfield

Description	Value	Entity
211-213 Pender St	$300,000	
109 Wayfarer Ct	$300,000	
215 S Pender St	$10,000	
135 Wayfarer Ct	$25,000	
Total	**$635,000**	R.E. Partnership--Connie
325 E Nash St (Funeral Home)	$210,000	
Total	**$210,000**	R.E. Partnership--Fitch, Butterfield, & Wynn
622 Nash St (Garris)	$20,000	
109,201,203 S Pender St (Leake)	$50,000	
205 S Pender St (Peppers)	$30,000	
107 S Pender St (K&H)	$10,000	
610-612 E Nash St (Funeral Home)	$20,000	
Total	**$130,000**	R.E. Partnership--Mills

Attachment "B"

Real Estate--Individual
G.K. Butterfield

Description	Value
536 Nash (BTBarnes)	$110,000
528 Nash St (Beauty Parlor)	$60,000
548 Nash St (Rosemond)	$72,000
106 Pender St (Xiamena)	$70,000
301 Pender St	$25,000
542 Nash St (Potts)	$30,000
1614 MLK Pkwy	$29,000
800 Hines St	$175,000
5314 Ward Blvd	$70,000
1702 MLK Pkwy	$75,000
115 Ash	$30,000
603 Nash St	$80,000
611-613 Nash St	$40,000
111-113 Ash St	$30,000
203 East St	$20,000
301 East St	$20,000
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532 Nash (Tolson)	$20,000
544 Nash (Tolson)	$20,000
534 Nash (Wingate)	$15,200
550 Nash	$15,000
217 Pender St	$15,000
406 Maury St	$6,000
410 Maury St	$10,000
Total	**$1,052,200**

Attachment "C"

G.K. Butterfield
Financial Disclosure Statement For Calendar Year 2004
Footnotes accompanying Form "A"

- Notes Receivables---Previously reported as Loan to Butterfield for Congress.
- R.E. Partnership---F.BW.---Previously reported as Fitch, Butterfield, & Wynn.
- R.E. Partnership---Connie---Previously reported as Fair Play Child Center, Inc.
- R.E. Partnership---Mills---Previously reported as Butterfield Properties.
- Real Estate---Individual---Previously reported as G.K. Butterfield Proprietor.

HAND DELIVERED

ATIVE RESOURCE CENTER

2005 MAY 16 PM 3:47

MC

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A — For use by Members, officers, and employees

Stephen Earle Buyer
(Full Name)

2230 Rayburn House Office Building Washington, DC 20515 — 202.225.5037
(Mailing Address) — Daytime Telephone:

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: IN District: 04	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Stephen E Buyer	May 14, 05

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen Earle Buyer

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year
JT	Money Market Account, Charles Schwab, Indianapolis, IN	$50,001 - $100,000	Interest	$5,001 - $15,000	NA
JT	Savings Account, Wells Fargo, Monticello, IN	$1,001 - $15,000	INTEREST	$1 - $200	NA
SP	IRA, Charles Schwab	$100,001 - $250,000	INTEREST	$5,001 - $15,000	NA
	IRA, Charles Schwab, Indianapolis, IN	$1,001 - $15,000	INTEREST	$5,001 - $15,000	NA
	Savings Account, Wright Patman Congressional Federal Credit Union, Washington, DC	$1,001 - $15,000	INTEREST	$1 - $200	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen Earle Buyer

	Checking Account, Wright Patman Congressional Federal Credit Union, Washington, DC	$1,001 - $15,000	NA	NONE	NA
JT	Checking Account, Wells Fargo, Monticello, IN	$1,001 - $15,000	INTEREST	$201 - $1,000	NA
JT	Law Office, 103 West Broadway, Monticello, IN	$100,001 - $250,000	RENT	$5,001 - $15,000	NA
JT	Dell Computer, Common Stock	$100,001 - $250,000	NA	NONE	Since 2000

SCHEDULE V - LIABILITIES

Name Stephen Earle Buyer

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Wells Fargo Mortgage, Monticello, IN	Mortgage on Law Office, 103 West Broadway, Monticello, IN	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Stephen Earle Buyer

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Consumer Electronics Association	Jan 7-11 2004	Indianapolis to Las Vegas to	Y	Y	Y	N/A
Burlington Northern Santa Fe Railroad	Jan 14-16 2004	Palm Spring, CA to Santa Fe, NM (air); Santa Fe to San Diego, CA (train); San Diego to Washington, DC (air)	Y	Y	N	N/A
Association of American Railroads	Jan 16-19 2004	N/A	Y	Y	N	N/A
German Marshall Fund	December 9-12 2004	Indianapolis to Miami to Indianapolis (air)	Y	Y	Y	N/A

FOOTNOTES

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule VII	While this period covers five calendar days, it fell within the 96-hour House rule.	Consumer Electronics Association
1	Schedule VII	Congressman's wife flew back to Indianapolis at the expense of CES while Congressman Buyer drove to Palm Springs for a Field Hearing for the House Energy and Commerce Committee	Consumer Electronics Association

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 MAY 13 PM 2:15
Office Use Only
HOUSE OF REPRESENTATIVES

KENNETH STANTON CALVERT
(Full Name)

2201 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, DC 20515 — 202/225-1986
(Mailing Address) — Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: CA, District: 44	☐ Officer Or Employee	Employing Office: CALVERT
Report Type	☑ Annual (May 15) ☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Kenneth S. Calvert	5/13/05

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name KENNETH STANTON CALVERT

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year
Commercial Rental 63 W. Grand, Corona, CA	$250,001 - $500,000	RENT	$15,001 - $50,000	
Vacant Land Green Farms, TX	$250,001 - $500,000	FALLOW FARM LAND	NONE	
Stock Calvert Real Properties, Inc.	$250,001 - $500,000	DIVIDENDS	$50,001 - $100,000	
Commercial Rental 322 Washburn - 37.5%	$250,001 - $500,000	RENT	$15,001 - $50,000	
Citizens Business Bank Personal Checking	$15,001 - $50,000	INTEREST	$201 - $1,000	
Magnolia Apts. Riverside, CA (50%)	$100,001 - $250,000	RENT	$15,001 - $50,000	S/E

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name KENNETH STANTON CALVERT

	624 E. Grand Blvd. Corona, CA (50%)	$250,001 - $500,000	RENT	$15,001 - $50,000	
	408,410 S. Main Street Corona, CA	$50,001 - $100,000	RENT	$15,001 - $50,000	
	1154 E. 6th Street Corona, CA (16.5%)	$100,001 - $250,000	RENT	$5,001 - $15,000	S/E
	501 & 503 E. 6th Corona, CA (25%)	$100,001 - $250,000	RENT	$2,501 - $5,000	P/E
	3rd St., Vacant Land Corona, CA (25%)	$100,001 - $250,000	VACANT		P/E

SCHEDULE IV - TRANSACTIONS

Name KENNETH STANTON CALVERT

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Magnolia Apts. Riverside, CA (50%)	S/E	3-15-04	$250,001 - $500,000
	501 & 503 E. 6th Corona, CA (25%)	P/E	5-19-04	$100,001 - $250,000
	3rd Street - Vacant Land Corona, CA (25%)	P/E	6-4-04	$250,001 - $500,000
	1154 E. 6th Street (25%)	S/E	5-17-04	$100,001 - $250,000

SCHEDULE V - LIABILITIES

Name KENNETH STANTON CALVERT

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Citizens Business Bank Corona, CA	Mortgage 63 W. Grand, Corona, CA	$100,001 - $250,000
	Washington Mutual Riverside, CA	Mortgage Magnolia Apts.	$100,001 - $250,000
	Al and Opal Wilson Corona, CA	Mortgage 408,410 S. Main Street Corona, CA	$100,001 - $250,000
	Citizens Business Bank Corona, CA	Mortgage 501 & 503 E. 6th Corona, CA	$100,001 - $250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name KENNETH STANTON CALVERT

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Fashion Institute of Design & Merchandising (FIDM)	Feb. 27-28	Los Angeles, CA	Y	Y	N	n/a
Ziyad Abduljawad	Dec. 9-14	Wash. D.C. - Saudi Arabia - San Diego, CA	Y	Y	N	n/a

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A — For use by Members, officers, and employees

HAND DELIVERED

FOIA/LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

DAVID LEE CAMP
(Full Name)

137 CANNON HOB WASHINGTON, DC 20515 — (202) 225-3561
(Mailing Address) — Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: MI, District: 4	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

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Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☑ No ☐
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Mike Camp	June 2, 2005

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	ABBOTT LABORATORIES, stock	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	ADOBE SYSTEMS INC, stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	AGILENT TECHNOLOGIES, stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	ALCON INC, stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS
	AMSOUTH BANCORP, stock	None	DIVIDENDS	$201 - $1,000	PS
	AMERICAN EXPRESS, stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	AMGEN, stock	$15,001 - $50,000	DIVIDENDS	NONE	PS
	ANHEUSER BUSCH CO, stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	APACHE CORP, stock	None	DIVIDENDS	$1 - $200	S
	APPLE COMPUTER INC, stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	AQUA AMERICA INC, stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS
	AUTOMATIC DATA PROCESS, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	AVON PRODUCTS, stock	None	DIVIDENDS	$201 - $1,000	PS
	BAKER HUGHES INC, stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	BANK OF AMERICA, stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS
	BP LC SPONS ADR, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	CARDINAL HEALTH INC, stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	CHEMICAL FINANCIAL CORP, stock	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
	CATERPILLAR INC, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	PS
	CINTAS CORP, stock	$1,001 - $15,000	DIVIDENDS	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	CISCO SYSTEMS, stock	$50,001 - $100,000	DIVIDENDS	NONE	
	CITIGROUP INC, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	CLOROX, stock	None	DIVIDENDS	$201 - $1,000	PS
	COLGATE-PALMOLIVE CO, stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	COCA COLA CO, stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	PS
	COMERICA INC, stock	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	S
	CONOCO PHILLIPS, stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	COSTCO WHOLESALE, stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	DELL INC, stock	$15,001 - $50,000	DIVIDENDS	NONE	P
	WALT DISNEY CO, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	DOW CHEMICAL CO, stock	$500,001 - $1,000,000	DIVIDENDS	$15,001 - $50,000	S
	EBAY INC, stock	$15,001 - $50,000	DIVIDENDS	NONE	P
	ECOLAB INC, stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	EMC CORP, stock	$1,001 - $15,000	DIVIDENDS	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	EXXON MOBIL CORP, stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	PS
	FEDEX CORP, stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	FORD MOTOR CO, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	GENENTECH INC, stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	GENERAL ELECTRIC CO, stock	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	PS
	GENTEX CORP, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	GILLETTE CO, stock	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	S
	GOOGLE INC SL-A, stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	HSBC HOLDINGS PLC, stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	PS
	HJ HEINZ CO, stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	HERSHEY FOODS, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	HEWLETT-PACKARD CO, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	HOME DEPOT INC, stock	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
	HONEYWELL INTL, stock	None	DIVIDENDS	$201 - $1,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	HOSPIRA INC, stock	$1,001 - $15,000	DIVIDENDS	NONE	S
	IBM, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	PS
	ILLINOIS TOOL WORKS, stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	INTEL, stock	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	PS
	INTUITIVE SURGICAL INC, stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	JOHNSON & JOHNSON, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	KINETIC CONCEPTS INC, stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	MCGRAW HILL, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	PS
	MEDTRONIC INC, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	PS
	MICROSOFT CORP, stock	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	S
	MURPHY OIL CO, stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	PS
	MYLAN LABORATORIES, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	NIKE INC, stock	$15,001 - $50,000	DIVIDENDS	NONE	P
	ORACLE CORP, stock	$1,001 - $15,000	DIVIDENDS	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	OSHKOSH TRUCK CORP, stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	PACCAR INC, stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	PEPSICO INC, stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
	PFIZER INC, stock	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	PS
	PROCTER & GAMBLE, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	QUALCOMM INC, stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	REGIONS FINANCIAL, stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS
	SARA LEE CORP, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	SCHERING-PLOUGH CORP, stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	SNAP-ON INC, stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	SPRINT CORP, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	PS
	STARBUCKS CORP, stock	$15,001 - $50,000	DIVIDENDS	NONE	PS
	STEEL DYNAMICS, stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	SYMANTEC CORP, stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	TARGET CORP, stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	TEVA PHARM IND DR, stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	PS
	TIBCO SOFTWARE, stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	TORCHMARK CORP, stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	UNITED TECHNOLOGIES, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	VERIZON CORP, stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	PS
	WELLS FARGO & CO NEW, stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	WHOLE FOORD INC, stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	WYETH, stock	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	WILLIAMS-SONOMA INC, stock	$1,001 - $15,000	DIVIDENDS	NONE	PS
	ZUM! BRANDS INC, stock	$15,001 - $50,000	DIVIDENDS	NONE	P
	ZIMMER HOLDINGS INC, stock	$1,001 - $15,000	DIVIDENDS	NONE	
	3 M COMPANY, stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	PS
	CENTENNIAL MONEY MKT TRUST	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	SSGA MMF	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	SSGA TAX FREE MMF	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	COCA COLA CO-BOND	None	INTEREST	$201 - $1,000	S
	EMERSON ELECTRIC - BOND	None	INTEREST	$201 - $1,000	S
	BIRMINGHAM, MI - BOND	None	INTEREST	$1,001 - $2,500	S
	HURON VALLEY, MI - BOND	$50,001 - $100,000	INTEREST	$2,501 - $5,000	
	CLARKSTON, MI GO BOND	$50,001 - $100,000	INTEREST	$2,501 - $5,000	S
	MICHIGAN ST GO BOND	$50,001 - $100,000	INTEREST	$1,001 - $2,500	PS
	MICHIGAN ST TRUNKLINE - BOND	None	INTEREST	$1,001 - $2,500	S
	MICHIGAN HSG DEV BOND	$50,001 - $100,000	INTEREST	$201 - $1,000	P
	UNIVERSITY OF MI REVS BOND	$15,001 - $50,000	INTEREST	$1 - $200	P
	WASHINGTON ST GO ULT BOND	$15,001 - $50,000	INTEREST	$1 - $200	P
	VAN KAMPEN MUNI OPPORTUNITY TRUST	$1,001 - $15,000	INTEREST	$1,001 - $2,500	
	US TREASURY BILLS	$50,001 - $100,000	INTEREST	$201 - $1,000	PS

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DAVID LEE CAMP

	AG EDWARDS-IRA: CENTENNIAL MM TRUST	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	AMER-HI INC TR	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	BOND OF AMER - BOND FUND	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	INTER BD FD OF AMER- BD FUND	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
	CHEMICAL FIN'L- stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	H J HEINZ CO- stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	SELIGMAN COM- stock fund	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	SELIGMAN CMM stock fund	$15,001 - $50,000	DIVIDENDS	NONE	
	SELIGMAN GRO stock fund	$15,001 - $50,000	DIVIDENDS	NONE	
	KEIL TRUST-U/A 3/05/98 FBO NANCY CAMP GRANTOR, ROBERT KEIL "EXCEPTED TRUST"	$1,060,000	INTEREST & DIVIDENDS	$15,001 - $50,000	
	DOW CHEMICAL 401k	$100,001 - $250,000	INTEREST & DIVIDENDS	$1,001 - $2,500	
	MI STATE EMPL DEF COMPENSATION	$15,001 - $50,000	INTEREST & DIVIDENDS	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	ADOBE SYSTEMS INC	P	VARIOUS	$1,001 - $15,000
	AGILENT TECH	P	VARIOUS	$1,001 - $15,000
	ALCOA	S	VARIOUS	$15,001 - $50,000
	ALCON, INC	P	VAR	$1,001 - $15,000
	ALCON, INC	S	VAR	$1,001 - $15,000
	AMSOUTH BANCORP	P	VAR	$1,001 - $15,000
	AMSOUTH BANCORP	S	VAR	$1,001 - $15,000
	AMER EXPRESS	P	VAR	$1,001 - $15,000
	AMGEN	P	VAR	$1,001 - $15,000
	AMGEN	S	VAR	$1,001 - $15,000
	ANHEUSER BUSCH CO	P	VAR	$15,001 - $50,000
	APACHE CORP	S	VAR	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	APOLLO GROUP CL A	P	VAR	$1,001 - $15,000
	APOLLO GROUP CL A	S	VAR	$1,001 - $15,000
	APPLE COMPUTER INC	P	VAR	$1,001 - $15,000
	APPLIED MATERIALS	S	VAR	$1,001 - $15,000
	AQUA AMERICA INC	P	VAR	$1,001 - $15,000
	AQUA AMERICA INC	S	VAR	$15,001 - $50,000
	AUTOMATIC DATA PROC	P	VAR	$15,001 - $50,000
	AVON PRODUCTS	P	VAR	$1,001 - $15,000
	AVON PRODUCTS	S	VAR	$15,001 - $50,000
	BAKER HUGHES INC	P	VAR	$1,001 - $15,000
	BANK OF AMERICA	P	VAR	$1,001 - $15,000
	BANK OF AMERICA	S	VAR	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	BOSTON SCIENTIFIC CORP	P	VAR	$1,001 - $15,000
	BOSTON SCIENTIFIC CORP	S	VAR	$15,001 - $50,000
	BP LC SPONS ADR	P	VAR	$15,001 - $50,000
	CATERPILLAR INC	P	VAR	$1,001 - $15,000
	CATERPILLAR INC	S	VAR	$1,001 - $15,000
	CINTAS CORP	P	VAR	$1,001 - $15,000
	CITIGROUP INC	P	VAR	$15,001 - $50,000
	CLOROX	P	VAR	$15,001 - $50,000
	CLOROX	S	VAR	$15,001 - $50,000
	COCA COLA CO	P	VAR	$15,001 - $50,000
	COCA COLA CO	S	VAR	$15,001 - $50,000
	COMERICA INC	S	VAR	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	CONOCO PHILLIPS	P	VAR	$15,001 - $50,000
	COSTCO WHOLESALE	P	VAR	$1,001 - $15,000
	DELL INC	P	VAR	$1,001 - $15,000
	DOW CHEMICAL	S	VAR	$50,001 - $100,000
	EBAY INC	P	VAR	$1,001 - $15,000
	ECOLAB INC	P	VAR	$15,001 - $50,000
	EMC CORP	P	VAR	$1,001 - $15,000
	EXXON MOBIL CORP	P	VAR	$1,001 - $15,000
	EXXON MOBIL CORP	S	VAR	$15,001 - $50,000
	FEDEX CORP	P	VAR	$1,001 - $15,000
	FORD MOTOR	P	VAR	$1,001 - $15,000
	GENENTECH INC	P	VAR	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	GENERAL DYNAMICS	S	VAR	$15,001 - $50,000
	GENERAL ELECTRIC CO	P	VAR	$15,001 - $50,000
	GENERAL ELECTRIC CO	S	VAR	$1,001 - $15,000
	GILLETTE CO	S	VAR	$15,001 - $50,000
	GOOGLE INC SL-A	P	VAR	$1,001 - $15,000
	HSBC HDGS PLC	P	VAR	$1,001 - $15,000
	HSBC HDGS PLC	S	VAR	$1,001 - $15,000
	HERSHEY FOODS	P	VAR	$1,001 - $15,000
	HEWLETT-PACKARD CO	P	VAR	$1,001 - $15,000
	HONEYWELL INC	S	VAR	$15,001 - $50,000
	HOSPIRA INC	S	VAR	$1,001 - $15,000
	IBM	P	VAR	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	IBM	S	VAR	$1,001 - $15,000
	ILLINOIS TOOL WORKS	P	VAR	$15,001 - $50,000
	INTEL	P	VAR	$1,001 - $15,000
	INTEL	S	VAR	$1,001 - $15,000
	INTUITIVE SURGICAL INC	P	VAR	$1,001 - $15,000
	JC PENNEY	P	VAR	$1,001 - $15,000
	J M SMUCKER CO	P	VAR	$1,001 - $15,000
	J M SMUCKER CO	S	VAR	$1,001 - $15,000
	JOHNSON & JOHNSON	P	VAR	$1,001 - $15,000
	KELLOGG CO	P	VAR	$1,001 - $15,000
	KELLOGG CO	S	VAR	$15,001 - $50,000
	KENNAMETAL INC	P	VAR	$1,001 - $15,000

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	KENNAMETAL INC	S	VAR	$1,001 - $15,000
	KINETIC CONCEPTS INC	P	VAR	$1,001 - $15,000
	LEAR CORP	P	VAR	$1,001 - $15,000
	LOCKHEED MARTIN CORP	S	VAR	$1,001 - $15,000
	MASCO CORP	P	VAR	$1,001 - $15,000
	MASCO CORP	S	VAR	$1,001 - $15,000
	MCGRAW HILL	P	VAR	$1,001 - $15,000
	MCGRAW HILL	S	VAR	$1,001 - $15,000
	MEDTRONIC INC	P	VAR	$1,001 - $15,000
	MEDTRONIC INC	S	VAR	$15,001 - $50,000
	MICROSOFT CORP	S	VAR	$1,001 - $15,000
	MURPHY OIL CO	P	VAR	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	MURPHY OIL CO	S	VAR	$1,001 - $15,000
	MYLAN LAB	P	VAR	$15,001 - $50,000
	NEWS CORP LTD	P	VAR	$1,001 - $15,000
	NEWS CORP LTD	S	VAR	$1,001 - $15,000
	NIKE INC	P	VAR	$15,001 - $50,000
	ORACLE CORP	P	VAR	$1,001 - $15,000
	OSHKOSH TRUCK CORP	P	VAR	$1,001 - $15,000
	PACCAR INC	P	VAR	$1,001 - $15,000
	PEPSICO INC	S	VAR	$1,001 - $15,000
	PFIZER INC	P	VAR	$1,001 - $15,000
	PFIZER INC	S	VAR	$15,001 - $50,000
	PHELPS DODGE	P	VAR	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	PHELPS DODGE	S	VAR	$15,001 - $50,000
	PRAXAIR INC	S	VAR	$1,001 - $15,000
	PROCTER & GAMBLE CO	P	VAR	$1,001 - $15,000
	QUALCOMM INC	P	VAR	$1,001 - $15,000
	REGIONS FINANCIAL	P	VAR	$1,001 - $15,000
	REGIONS FINANCIAL	S	VAR	$1,001 - $15,000
	SCHERING-PLOUGH CORP	P	VAR	$1,001 - $15,000
	SCHLUMBERGER LTD	S	VAR	$1,001 - $15,000
	SNAP-ON INC	P	VAR	$1,001 - $15,000
	SPRINT CORP	P	VAR	$15,001 - $50,000
	SPRINT CORP	S	VAR	$1,001 - $15,000
	ST JUDE MEDICAL	S	VAR	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	STARBUCKS CORP	P	VAR	$1,001 - $15,000
	STARBUCKS CORP	S	VAR	$1,001 - $15,000
	STEEL DYNAMICS	P	VAR	$15,001 - $50,000
	SYMANTEC CORP	P	VAR	$1,001 - $15,000
	TARGET CORP	P	VAR	$15,001 - $50,000
	TEVA PHARM IND ADR	P	VAR	$1,001 - $15,000
	TEXAS INSTRUMENTS	S	VAR	$1,001 - $15,000
	TIBCO SOFTWARE INC	P	VAR	$1,001 - $15,000
	TIME WARNER INC	S	VAR	$1,001 - $15,000
	TORCHMARK CORP	P	VAR	$1,001 - $15,000
	US STEEL	P	VAR	$15,001 - $50,000
	US STEEL	S	VAR	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	UNITED TECHNOLOGIES	P	VAR	$15,001 - $50,000
	VERIZON CORP	P	VAR	$1,001 - $15,000
	VERIZON CORP	S	VAR	$1,001 - $15,000
	WALMART STORES, INC	P	VAR	$1,001 - $15,000
	WALMART STORES, INC	S	VAR	$1,001 - $15,000
	WHOLE FOODS INC	P	VAR	$1,001 - $15,000
	WILLIAMS-SONOMA INC	P	VAR	$1,001 - $15,000
	WILLIAMS-SONOMA INC	S	VAR	$1,001 - $15,000
	ZUMI BRANDS INC	P	VAR	$15,001 - $50,000
	3 M CO	P	VAR	$1,001 - $15,000
	3 M CO	S	VAR	$15,001 - $50,000
	COCA COLA CO - BONDS	S	06-06-04	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	EMERSON ELECTRIC-BOND	S	02-24-04	$50,001 - $100,000
	BIRMINGHAM, MI - BOND	S	11-01-04	$15,001 - $50,000
	GEORGIA ST G O - BOND	S	02-02-04	$15,001 - $50,000
	CLARKSTON MI G O - BOND	S	06-28-04	$50,001 - $100,000
	MI ST NOTES SER B-O5 BOND	P	11-17-04	$50,001 - $100,000
	MI ST GO - BOND	P	01-29-04	$100,001 - $250,000
	MI ST GO - BOND	S	09-30-04	$50,001 - $100,000
	MI ST TRUNKLINE A - BOND	S	11-15-04	$15,001 - $50,000
	MI HSG DEV - BOND	P	08-26-04	$50,001 - $100,000
	UNV. OF MI REVS - BOND	P	09-23-04	$15,001 - $50,000
	WASHINGTON ST GO ULT- BOND	P	05-21-04	$15,001 - $50,000
	US TREAS BILLS	P	VAR	$250,001 - $500,000

SCHEDULE IV - TRANSACTIONS

Name DAVID LEE CAMP

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	US TREAS BILLS	S	VAR	$250,001 - $500,000
	AG Edwards IRA- BANK OF AMERICA CORP	S	8-26-04	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name DAVID LEE CAMP

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Congressional Coalition on Adoption	Feb. 4-6, 2004	Wash., DC-Guatemala-Midland, MI	Y	Y	N	N/A

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

2005 MAY 16 PM 4:24

Christopher B. Cannon
(Full Name)

2436 Rayburn House Office Building Washington, DC 20515 — 202-225-7751
(Mailing Address) — Daytime Telephone

(Office Use Only) MC

Filer Status	☑ Member of the U.S. House of Representatives — State: UT District: 03	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Chris Cannon	5/13/05

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Christopher B. Cannon

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Wells Fargo Bank Checking-Salt Lake City	$1,001 - $15,000	INTEREST	NONE	
JT	Zion's First National Bank Checking-Salt Lake City	$50,001 - $100,000		NONE	
JT	Salomon Smith Barney CMA-Salt Lake City	$1,001 - $15,000	INTEREST	$1 - $200	
	David Cannon Loan Rec-Salt Lake City	$100,001 - $250,000	INTEREST	NONE	
	Gary Ruse Loan Rec-Gordon, NE	$50,001 - $100,000	INTEREST	NONE	
	Cannon Industries, Inc. Loan Rec-Provo, UT	$1,000,001 - $5,000,000	INTEREST	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Christopher B. Cannon

	Advanced Resin Systems Stock-Des Plaines, IL	$1,000,001 - $5,000,000	DIVIDENDS	$100,001 - $1,000,000	
	Joe Cannon Loan Rec-Provo, Ut	$250,001 - $500,000	INTEREST	$50,001 - $100,000	
	Automated Comm. Group/Brookline Salt Lake City, UT	$100,001 - $250,000	DIVIDENDS	NONE	
JT	Zion's First National Bank Claudia Checking-Provo	$1,001 - $15,000	INTEREST	NONE	Other
	Kyzen Corporation Stock Options-Nashville,TN	None		NONE	
	Terrace Falls Condo Salt Lake City, UT	$250,001 - $500,000		NONE	
	Farm/Heavy Equipment Mapleton, UT	$15,001 - $50,000		NONE	
	Sundance Lot Sundance, UT	$100,001 - $250,000		NONE	
	Cannon Industries, Inc. Stock-Provo, UT	$100,001 - $250,000		NONE	

SCHEDULE V - LIABILITIES

Name Christopher B. Cannon

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	National City Mortgage Orem, Utah	Mortgage on Terrace Falls Condo, Salt Lake City, Utah	$100,001 - $250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Chnstopher B. Cannon

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
PacifiCorp	Aug. 23, 2004	Salt Lake City--Rock Springs, Wy--Salt Lake City, Ut	N	Y	N	N/A

SCHEDULE VIII - POSITIONS

Name Chris Cannon

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
National Advisory Board Member	CAMIE (Character and Morality in Entertainment)
Advisory Committee	Scouting Legal Defense Fund
Board of Directors Member	Friends of Lake Powell, Inc.
Council Member	United States Holocaust Memorial Council
Executive Board Member	Utah National Parks Council - Boy Scouts of America
Board of Trustees	Center for the New West
Board of Trustees	Economic Development Corporation of Utah

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

CLERK'S OFFICE RECEIVED
2005 MAY 16 PM 4:53 MC

Eric Ivan Cantor
(Full Name)

6004 Oxbury Court Glen Allen, VA 23059 — 202-225-2815
(Mailing Address) — Daytime Telephone:

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: VA, District: 7	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Eric Cantor	5/13/05

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SCHEDULE I - EARNED INCOME

Name Eric Ivan Cantor

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Virginia College Savings Plan	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Allied Cap Corp New stock	None	DIVIDENDS	$201 - $1,000	S
	Alltel Corporation stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Amgen Inc stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Apartment Invt & Mgmt Co Pref 8%	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	API Treasuries Trust (RRL 401(k))	$1,001 - $15,000	INTEREST	$1 - $200	
	API Trust Growth Fund	$1,001 - $15,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Archer Daniels Midland Company stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	AT&T Capital Corp Sr Pines 8.25% Preferred Stock	None	INTEREST	$201 - $1,000	S
	AT&T Corp Com New stock	None	DIVIDENDS	$201 - $1,000	S
	Bank of America bank accounts	$100,001 - $250,000	INTEREST	$1,001 - $2,500	
	BB&T bank accounts	$15,001 - $50,000	INTEREST	$1 - $200	
	Boeing Company stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Cantor & Cantor Note Receivable, Richmond, VA/Law Firm	$50,001 - $100,000	INTEREST	NONE	
	Capital Guardian Emerging Markets Equity Fund	$1,001 - $15,000	INTEREST	$5,001 - $15,000	
	Carlton Communications 8.00% (England) stock	None	DIVIDENDS	$1,001 - $2,500	S
	CBTCS for CIT 7.75% Pref stock	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	CBTCS Ser 2002-8 for Bell South 7% Pref Stock	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	CBTS Ser 2002-1 for Ber 8.125% due 12/15/2045 Pref stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Centerpoint Energy Inc stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Cepheid Stock	$1,001 - $15,000	DIVIDENDS	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Chubb Corporation stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Citizens Communications Company stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Clay County FL Housing Finance Authority Revenue Bond	$15,001 - $50,000	INTEREST	$1,001 - $2,500	S (partial)
	CLM Acceptance Co. stock, Richmond, VA/Account Factoring	$1,001 - $15,000	Sub S Income	$1,001 - $2,500	
	CLM Capital Co. stock, Richmond, VA/Account Factoring	$50,001 - $100,000	Sub S Income	$50,001 - $100,000	
	CLM Financial Co. Stock, Richmond, VA/Account Factoring	$1,001 - $15,000	Sub S Income	$1,001 - $2,500	
	Colonial High Income Mun Tr Sh Ben Int Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Comcast Corporation New Class A stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Congregation Or Atid Bond	$1 - $1,000	INTEREST	NONE	
	Consolidated Edison Inc stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Consumers Energy Company Financing III Pref Stock	$50,001 - $100,000	INTEREST	$2,501 - $5,000	
	Corporate Backed Tr Ctfs Ser 01-35 8% Corning Pfd Stk	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Corporate Backed Trust Ctfs 03-10 7% due 11/15/2023 Pref stock	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Dade County FL Aviation Revenue Bond	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Directv Group Incorporated Stock (formerly Hughes Electronics Corp stock)	$1,001 - $15,000	DIVIDENDS	NONE	E
	Disney Walt Comp Common Stk	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Dominion Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Dreyfus Premier Florida Municipal Bond Fund Class A M/F	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	DuPont E.I. De Nemours & Co. Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Federal National Mortgage Association Series 93-021 Class KA	$1,001 - $15,000	INTEREST	$201 - $1,000	
	First Eagle Global Fund	$15,001 - $50,000	CAPITAL GAINS/DIVIDENDS	$201 - $1,000	
	Flaherty & Crmn/Clymr Pref Sec Com Shs Fund	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	P
	FPL Group Capital Trust I 5.875% Cum Tr Pfd Stock	$1,001 - $15,000	INTEREST	$201 - $1,000	P
	Franklin Federal Tax Free Income Fund Class A M/F	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Franklin Florida Tax Free Income Fund Class A M/F	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	
	General Motors Corporation stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Georgia Power Capital Tr VII 5.875% Pfd stock	$1,001 - $15,000	INTEREST	$1 - $200	P
	GlaxoSmithKline PLC Sponsored ADR (United Kingdom)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Goldman Sachs Core Fixed Income Fund	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Goldman Sachs CORE Small Cap Equity Fund	$1,001 - $15,000	INTEREST	$5,001 - $15,000	
	Goldman Sachs CORE U.S. Equity Fund	$15,001 - $50,000	INTEREST	$5,001 - $15,000	
	Goldman Sachs Group Inc stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Goldman Sachs High Yield Fund	$1,001 - $15,000	INTEREST	$1,001 - $2,500	
	Goldman Sachs Large Cap Value Fund	$1,001 - $15,000	INTEREST	$2,501 - $5,000	
	Goldman Sachs Mid Cap Value Fund	$15,001 - $50,000	INTEREST	$5,001 - $15,000	
	Goldman Sachs Real Estate Securities Fund	$15,001 - $50,000	INTEREST	$5,001 - $15,000	
	Goldman Sachs Short Duration Gov't Fund	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Goldman Sachs Stable Value Fund	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Granite Broadcasting Corporation Stock	$1 - $1,000	DIVIDENDS	NONE	
	Heinz HJ Company stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

Heritage Cash Trust Money Market Account	$15,001 - $50,000	INTEREST	$201 - $1,000	
IDT Corporation Class B stock	$1,001 - $15,000	DIVIDENDS	NONE	
Inco Limited Stock (Canada)	$1,001 - $15,000	DIVIDENDS	NONE	P
Indian Trail Groves, L.P.	$1,001 - $15,000	INTEREST	$1 - $200	
Intel Corporation stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
Jefferson Pilot Corporation stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
John Hancock Preferred Income Fund Sh Ben Int	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
Kanawha County WV Residential Mortgage Revenue Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	S (partial)
Liberty Media Corp New Com Ser A stock	$15,001 - $50,000	DIVIDENDS	NONE	
Liberty Media International Inc Com Ser A stock	$1,001 - $15,000	DIVIDENDS	NONE	P
Lord Abbott Global Income Fund Class A M/F	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Magic Lantern Group Inc NY stock	$1,001 - $15,000	DIVIDENDS	NONE	
Markel Corporation stock	$50,001 - $100,000	DIVIDENDS	NONE	
Medarex Inc. Stock	$1,001 - $15,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Metromedia International Corp Inc Prf Conv stock	$1,001 - $15,000	INTEREST	NONE	
	MFS Charter Income Tr Sh Ben Int Fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Morgan Stanley Capital Trust III Pref stock	$50,001 - $100,000	INTEREST	$2,501 - $5,000	P
	Morgan Stanley Emer Mkts Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Newmont Mining Corporation stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	News Corporation Class A stock (formerly News Corporation Ltd ADR New stock)	$1,001 - $15,000	DIVIDENDS	NONE	PE
	News Corporation Class B stock (formerly News Corporation Ltd ADR New stock)	$1,001 - $15,000	DIVIDENDS	NONE	E
	North Fork Bancorporation NY stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Nuveen Quality Pref Inc Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
	Omega Advisors, Inc. Multi-Market Hedge Fund	$1,001 - $15,000	INTEREST	$2,501 - $5,000	
	Orange County FL Health Facilities Auth Rev, Hosp Rev Bonds, Mand Sink Fund begins 11/01/2015	$1,001 - $15,000	INTEREST	$201 - $1,000	

	Orange County FL Health Facilities Authority Revenue Bond, mand sink fund begins 11/15/2021	$50,001 - $100,000	INTEREST	$2,501 - $5,000	
	OXY Capital Trust I TOPRS 8.16% Pref Stock	None	INTEREST	$201 - $1,000	S
	Pennsylvania RL Est Invt Tr REIT	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Pequot Capital Management Inc. US Equity Hedge Fund	$1,001 - $15,000	INTEREST	$2,501 - $5,000	
	PFD Plus Trust First Amerm Financl 7.55% due 4/1/2028 Pref stock	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Pfizer Inc stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Philadelphia PA Authority for Industrial Development Airport Revenue Bond	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Phoenix Goodwin Multi-Sector Fixed Income Fund Class A M/F	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	PIMCO Global Bond Fund II	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Plum Creek Timber Company Inc REIT	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	PPLUS 7.65% for ElPaso Pref Plus Trust Pref Stock	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Preferredplus Trust UPC-1 7.4% Pfd stock	$1,001 - $15,000	INTEREST	$201 - $1,000	P
	Public Storage 6.25% Series Z Cum Pfd Stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Qualcomm Inc. Stock	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	
	REI Trust I TOPRS 7.2% Pref stock	None	INTEREST	$201 - $1,000	S
	Reliant Energy Inc stock (formerly Reliant Res Inc.)	$15,001 - $50,000	DIVIDENDS	NONE	
	RenaissanceRE Hldr Ltd 6.08% Perpetual Pfd Series C stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	Richmond Resources, Ltd. Note Receivable, Richmond, VA/Real Estate Development	$100,001 - $250,000	INTEREST	NONE	
	Rio Tinto PLC Sponsored ADR (United Kingdom) stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Rite Aid Corporation Stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	Royal Bank of Scotland PLC 6.4% Non cum perpet pref Ser M Amer Dep Shrs stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	Royal Bank of Scotland PLC Ser J Non Cum Pref Stk (UK)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Royal Dutch Petroleum Company NY stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Russell 1000 Growth Index Fund (VRS)	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Russell 1000 Value Index Fund (VRS)	$1,001 - $15,000	INTEREST	$1,001 - $2,500	
	Salomon Bros High Inc Fund II	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	San Juan Basin Rty Tr Unit Ben Int	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Schlumberger Limited stock (Netherlands Antilles)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Sirius Satellite Radio Inc Stock	$1,001 - $15,000	DIVIDENDS	NONE	P
	SLM Corporation stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	SSgA S&P 500 Index Fund	$1,001 - $15,000	INTEREST	$1,001 - $2,500	
	Suntrust Banks Inc stock	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	
	T. Rowe Price Foreign Equity Fund (includes Goldman Sachs International Equity Fund)	$1,001 - $15,000	INTEREST	$1,001 - $2,500	
	Target Corporation stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Targets Tr XXII Trgt Gwth Term Pfd stock	$1,001 - $15,000	INTEREST	NONE	P
	TCW Asset Management Company (formerly Janus Capital Mgt Concentrated Growth Fund)	$1,001 - $15,000	INTEREST	$2,501 - $5,000	E
	TCW Cowen Asset Management Small Cap Equity Fund	$1,001 - $15,000	INTEREST	$2,501 - $5,000	
	Telephone & Data Systems Inc NT Ser A 7.6% Pfd Stk	$1,001 - $15,000	RENT	$201 - $1,000	
	Telephone & Data Systems Inc. Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Tennessee Valley Authority Parrs A2029 Series A 6.5% Pref Stock	None	INTEREST	$1,001 - $2,500	S
	Texas Genco Hldgs Inc stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Transocean Inc Ord (Cayman Islands) stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Tredegar Corporation Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Trust CTFS 2001-1 AT&T TRUCS 7.45% Pref Stock	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Trust CTFS Ser 2001-27 Royal Carib CBTCS 8 7/8% Pref stock	$1,001 - $15,000	INTEREST	$1,001 - $2,500	
	TrustMor Mortgage Co. Stock, Richmond, VA/Mortgage Banking	$50,001 - $100,000	Sub S Income	NONE	
	United Dominion Realty Tr Inc REIT	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S (partial)
	Unum Provident 7.25% Pines due 6/15/2032	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
	Van Kampen Municipal Income Fund Class A M/F	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Verizon Communications Stock	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	Viacom Inc Class A stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Virginia College Savings Plan 529 CollegeAmerica accounts	$15,001 - $50,000	INTEREST	$201 - $1,000	P
	Virginia College Savings Plan 529 VEST accounts	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eric Ivan Cantor

	Virginia College Savings Plan 529 VPEP accounts	$15,001 - $50,000	INTEREST	NONE	
	Virginia Credit Union accounts	$100,001 - $250,000	INTEREST	$1,001 - $2,500	
	Virginia Retirement System Active Bond Fund	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Virginia Retirement System Defined Benefit Plan	$50,001 - $100,000	INTEREST	NONE	
	Virginia Retirement System Income & Growth Fund	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Virginia Retirement System S&P 500 Index Fund	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Virginia Retirement System Small/Mid Cap Equity Index Fund	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Virginia Retirement System Stable Value Fund	$1,001 - $15,000	INTEREST	$1 - $200	
	Wachovia Corp 2nd New stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Water Tower Associates, LLC stock, Richmond, VA/Real Estate Development	$15,001 - $50,000	Partnership Income	$15,001 - $50,000	
	Western Asset Management Company Core Bond Plus Fund (formerly MSIF Trust Fixed Inc Portfolio)	$1,001 - $15,000	INTEREST	$201 - $1,000	E
	Weyerhauser Company Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Williams Companies Inc Del stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name: Eric Ivan Cantor

	Xerox Corp stock	$1,001 - $15,000	DIVIDENDS	NONE	

SCHEDULE IV - TRANSACTIONS

Name Eric Ivan Cantor

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Cepheid Stock	P	1-16-04	$1,001 - $15,000
	Sirius Satellite Radio Inc Stock	P	10-21-04	$1,001 - $15,000
	Rite Aid Corporation Stock	P	8-04-04	$1,001 - $15,000
	News Corporation Class A stock (formerly News Corporation Ltd ADR New stock)	PE	4-13-04	$1,001 - $15,000
	Georgia Power Capital Tr VII 5.875% Pfd stock	P	1-16-04	$1,001 - $15,000
	Targets Tr XXII Trgt Gwth Term Pfd stock	P	12-07-04	$1,001 - $15,000
	Heinz HJ Company stock	P	2-05-04	$1,001 - $15,000
	Intel Corporation stock	P	7-14-04	$1,001 - $15,000
	Liberty Media International Inc Com Ser A stock	P	8-08-04	$1,001 - $15,000
	News Corporation Class B stock (formerly News Corporation Ltd ADR New stock)	E	4-13-04	$1,001 - $15,000
	Royal Bank of Scotland PLC 6.4% Non cum perpet pref Ser M Amer Dep Shrs stock	P	8-18-04	$1,001 - $15,000
	Flaherty & Crmn/Clymr Pref Sec Com Shs Fund	P	11-19-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Eric Ivan Cantor

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Nuveen Quality Pref Inc Fund	P	4-22-04	$15,001 - $50,000
	FPL Group Capital Trust I 5.875% Cum Tr Pfd Stock	P	7-14-04	$1,001 - $15,000
	Morgan Stanley Capital Trust III Pref stock	P	5-05-04	$15,001 - $50,000
	Preferredplus Trust UPC-1 7.4% Pfd stock	P	12-23-04	$1,001 - $15,000
	Inco Limited Stock (Canada)	P	4-15-04	$1,001 - $15,000
	RenaissanceRE Hldr Ltd 6.08% Perpetual Pfd Series C stock	P	7-14-04	$1,001 - $15,000
	Unum Provident 7.25% Pines due 6/15/2032	P	4-22-04/4-23-04	$15,001 - $50,000
	Public Storage 6.25% Series Z Cum Pfd Stock	P	4-22-04	$15,001 - $50,000
	TCW Asset Management Company (formerly Janus Capital Mgt Concentrated Growth Fund)	E	1-15-04	$1,001 - $15,000
	Western Asset Management Company Core Bond Plus Fund (formerly MSIF Trust Fixed Inc Portfolio)	E	3-01-04	$1,001 - $15,000
	Virginia College Savings Plan 529 CollegeAmerica accounts	P	10-06-04	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Eric Ivan Cantor

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Allied Cap Corp New stock	S	4-13-04/6-24-04	$15,001 - $50,000
	AT&T Capital Corp Sr Pines 8.25% Preferred Stock	S	1-15-04	$15,001 - $50,000
	AT&T Corp Com New stock	S	6-24-04	$1,001 - $15,000
	AT&T Wireless Svcs Inc stock	S	10-27-04	$1,001 - $15,000
	Capital Re Corporation LLC	S	7-14-04	$1,001 - $15,000
	Carlton Communications 8.00% (England) stock	S	4-23-04	$15,001 - $50,000
	John Hancock Preferred Income Fund Sh Ben Int	P	11-19-04	$1,001 - $15,000
	Directv Group Incorporated Stock (formerly Hughes Electronics Corp stock)	E	1-12-04	$1,001 - $15,000
	Lee County FL Capital and Transportation Facilities Revenue Bond	S	1-2-04	$15,001 - $50,000
	Clay County FL Housing Finance Authority Revenue Bond (partial call)	S (pa	10-1-04	$1,001 - $15,000
	OXY Capital Trust I TOPRS 8.16% Pref Stock	S	1-20-04	$1,001 - $15,000
	REI Trust I TOPRS 7.2% Pref stock	S	12-27-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Eric Ivan Cantor

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Tampa Electric Comp First Mortgage Bond	S	4-26-04	$1,001 - $15,000
	Tennessee Valley Authority Parrs A2029 Series A 6.5% Pref Stock	S	5-03-04	$15,001 - $50,000
	United Dominion Realty Tr Inc REIT	S (pa	4-13-04	$1,001 - $15,000
	Kanawha County WV Residential Mortgage Revenue Bond	S (pa	9-01-04	$1,001 - $15,000
	La Quinta Corp Paired CTF Reit	S	8-04-04	$1,001 - $15,000
	Midway Games Incorporated	PS	1-16-04/8-25-04	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Eric Ivan Cantor

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Congressional Institute	Jan. 14-16	Wash., D.C.-St. Michael, MD-Wash., D.C.	Y	Y	N	N/A
AIPAC	Jan. 29	Philadelphia-NY, NY-Philadelphia	N	N	N	N/A
Congressional Institute	Nov. 30 - Dec. 1	Richmond, VA-Irvington, VA-Richmond, VA	Y	Y	N	N/A

SCHEDULE VIII - POSITIONS

Name Eric Ivan Cantor

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Virginia Holocaust Museum
Director (unpaid)	CLM Capital Inc.
Director (unpaid)	Water Tower Associates

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

Shelley Moore Capito
(Full Name)

2 Comstock Place Charleston, WV 25314
(Mailing Address)

202-225-2711
Daytime Telephone:

LEGISLATIVE RESOURCE CENTER 2005 MAY 13 PM 5:15

2005 MAY 13 PM 5:12

(Office Use Only)

MC

Filer Status	☑ Member of the U.S. House of Representatives	State: WV District: 02	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Shelley Moore Capito	5/12/05

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SCHEDULE I - EARNED INCOME

Name Shelley Moore Capito

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Smith Barney	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP	401(k)-Citicorp Stock Fund	$100,001 - $250,000	DIVIDENDS	N/A	
SP	401(k)-Smith Barney Aggressive Growth Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	N/A	
SP	401(k)-Smith Barney Large Cap Value Fund	$250,001 - $500,000	DIVIDENDS/CAPITAL GAINS	N/A	
SP	401(k)-Templeton Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	N/A	P
SP	Alliance Petroleum	$1,001 - $15,000	ROYALTIES	$201 - $1,000	
	BB&T Corp	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

DC	BB&T Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Bristol Myers Squibb Co.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Charleston WV Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	
DC	Chevron	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Cisco Systems	$1,001 - $15,000	DIVIDENDS	NONE	
SP	Cisco Systems	$1,001 - $15,000	DIVIDENDS	NONE	
SP	Citigroup Employee Fund of Funds, L.P.	$15,001 - $50,000	DIV/INT/CAPITAL GAINS	$1,001 - $2,500	P
SP	Citigroup Inc.	$1,000,001 - $5,000,000	DIVIDENDS/CAPITAL GAINS	$50,001 - $100,000	S
	Citigroup Inc.	$500,001 - $1,000,000	DIVIDENDS	$15,001 - $50,000	
DC	Citigroup Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	Citigroup Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	gift
SP	Citigroup Nonqual Options	$15,001 - $50,000	N/A	NONE	E
SP	Citigroup Option Call	$15,001 - $50,000	CAPITAL GAINS	NONE	S
SP	Coca-Cola Co.	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE I

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DC	W
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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

	Duke Energy	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Edgewood Country Club	$1,001 - $15,000	N/A	NONE	
DC	Europacific Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Exxon Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	General Electric Co.	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	P
SP	General Motors Corp.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
DC	Home Depot	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Huntington Bancshares Inc.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Huntington Bancshares Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IBM Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Income Fund of America	$1 - $1,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	S
DC	Intel Corp	$1 - $1,000	DIVIDENDS	$1 - $200	
SP	Intel Corp	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
SP	Investment Co Of America	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

DC	Investment Co. Of America	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	IRA-Amgen Inc.	$1,001 - $15,000	DIVIDENDS	NONE	
SP	IRA-Coca Cola Co	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-Gillette Co.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-JP Morgan Chase (formerly Bank One)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	IRA-Middleburg Fin. Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-Pfizer Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	IRA-Smith Barney Large Cap Value Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
SP	IRA-Smith Barney Money Fund Retirement Portfolio	$1 - $1,000	DIVIDENDS	$1 - $200	
SP	IRA-Time-Warner	$1 - $1,000	DIVIDENDS	NONE	
SP	IRA-Tyco Intl.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-United Parcel Service Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	IRA-Worldcom, Inc.	None	DIVIDENDS	NONE	Other
	Jefferson County WV Industrial Development Bond	None	INTEREST	$1 - $200	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

SP	JP Morgn Chase (formerly Banc One Corp)	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Merck	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Microsoft	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	P
	Middleburg Fin. Corp	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	New Perspective Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Norfolk Southern Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Pfizer	None	DIVIDENDS	$201 - $1,000	S
SP	Proctor & Gamble Co.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	R-H Capital Partners, L.P.	$15,001 - $50,000	INTEREST/CAPITAL GAINS	$5,001 - $15,000	
SP	Royal Dutch Petroleum Co.	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
JT	Smith Barney Money Funds	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Smith Barney Money Funds	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Smith Barney Pension	$100,001 - $250,000	DIVIDENDS/INTEREST	N/A	
SP	SSB Capital Partners I, L.P.	$1,001 - $15,000	INTEREST/CAPITAL GAINS	$2,501 - $5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

	St. Paul Travelers	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	E
SP	St. Paul Travelers	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	E
SP	Time-Warner	$1,001 - $15,000	DIVIDENDS	NONE	P
SP	Travelers Property Casualty Class A	None	DIVIDENDS	$1 - $200	E
	Travelers Property Casualty Class A	None	DIVIDENDS	$1 - $200	E
	Travelers Property Casualty Class B	None	DIVIDENDS	$1 - $200	E
SP	Travelers Property Casualty Class B	None	DIVIDENDS	$201 - $1,000	E
	Tri-Star Resources	$1,001 - $15,000	DIVIDENDS	NONE	
SP	TRV Employees Fund, L.P.	$1,001 - $15,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$1,001 - $2,500	
	Verizon Communications Inc.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	Vista Resources	$1,001 - $15,000	ROYALTIES	$1,001 - $2,500	
	Walt Disney Co.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	Washington Mutual Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	WV General Obligation State Road Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Shelley Moore Capito

	WV Public Employees Retirement System	$1,001 - $15,000	INTEREST	N/A	
SP	WV State Infrastructure General Obligation Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	
	WV Water Development Authority Revenue Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	
SP	WV Water Development Authority Revenue Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name Shelley Moore Capito

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Intel Corp	P	04-26-04	$1,001 - $15,000
SP	General Electric	P	04-26-04	$1,001 - $15,000
SP	Exxon	P	04-26-04	$1,001 - $15,000
SP	Income Fund of America	S	04-26-04	$15,001 - $50,000
SP	Time Warner	P	07-01-04	$1,001 - $15,000
SP	Microsoft	P	07-01-04	$1,001 - $15,000
SP	Merck	P	10-05-04	$1,001 - $15,000
SP	Pfiser	S	12-31-04	$1,001 - $15,000
SP	Citigroup	S	03-03-04	$15,001 - $50,000
SP	Citigroup	S	03-03-04	$100,001 - $250,000
SP	Citigroup	S	02-05-04	$15,001 - $50,000
SP	Citigroup calls	S	01-15-04	$50,001 - $100,000

SCHEDULE IV - TRANSACTIONS

Name Shelley Moore Capito

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Jefferson County WV IDB	S	01-02-04	$1,001 - $15,000
SP	401(k)-Templeton Fund	P	monthly	$15,001 - $50,000
SP	Citigroup Employee Fund of Funds, L.P.	P	08-02-04	$1,001 - $15,000
SP	Citigroup Nonqualified Options-5 times on various dates	E	various	$15,001 - $50,000
SP	IRA-Worldcom	Other	N/A	declared worthless
	Travelers Property Casualty Class A	E	04-01-04	$1,001 - $15,000
	Travelers Property Casualty Class B	E	04-01-04	$15,001 - $50,000
SP	Travelers Property Casualty Class A	E	04-01-04	$15,001 - $50,000
SP	Travelers Property Casualty Class B	E	04-01-04	$50,001 - $100,000
	St. Paul Travelers	E	04-01-04	$15,001 - $50,000
SP	St. Paul Travelers	E	04-01-04	$100,001 - $250,000

SCHEDULE V - LIABILITIES

Name Shelley Moore Capito

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
SP	Smith Barney	Margin Loan	$100,001 - $250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Shelley Moore Capito

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
NYSE	July 18-19, 2004	Charleston, WV to New York, NY to Wash., DC	Y	Y	N	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

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Michael Everett Capuano
(Full Name)

172 Central St.
Somerville, MA. 02145
(Mailing Address)

Daytime Telephone:
1-202-225-5111 OR
1-617-621-6208

Filer Status	[X] Member of the U.S. House of Representatives — State: MASSACHUSETTS District: 8th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Michael E. Capuano	4-23-05

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Brown + Brown, LLP Boston, MA.	Spouse Salary	N/A
	CT+M, LLC, Somerville, MA.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Michael E. Capuano | Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
NOT APPLICABLE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT — Examples: SP Mega Corp. Stock		X	X	X	P
Simon & Schuster		Indefinite		X	
1st Bank of Paducah, KY accounts		X	X	X	
JT 172 Central St, Somerville, MA		X	X	X	
JT Hidden Valley, Tuftonboro, NH		X	X	X	
JT East Camb. Sav. BK, Som MA		X	X	X	
JT Som. Fed. C.U. Som. MA		X	X	X	
Nationwide Deferral Plan		X	X	X	
Congressional FCU, Wash DC		X	X	X	

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael E. Capuano

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
SP	Fidelity Invest. IRA Acct	E $50,001 – $100,000	Other Type of Income (Specify): IRA		
SP	Nestegg's 401K Acct.	D $15,001 – $50,000	Other Type of Income (Specify): 401K		
SP	CT+M, LLC Som. MA.	E $50,001 – $100,000	INTEREST; Other Type of Income (Specify): Member in LLC	I None; II $1 – $200	
DC	Winter Hill Bank Som.	C $1,001 – $15,000	INTEREST; Other Type of Income (Specify): Cert of Dep	I None; II $1 – $200	
DC	Northwest Mutual Fund	C $1,001 – $15,000	Other Type of Income (Specify): Life Ins.		
DC	Fidelity Invest. - IRA	C $1,001 – $15,000	Other Type of Income (Specify): IRA		
JT	Winter Hill Bank Som MA	D $15,001 – $50,000	INTEREST; Other Type of Income (Specify): Cert of Dep	III $201 – $1,000	
	SBLI - Term Life	G $250,001 – $500,000	DIVIDENDS; Other Type of Income (Specify): Term Life Ins.	I None; II $1 – $200	

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SCHEDULE IV — TRANSACTIONS

Name Michael E. Capuano

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction										
SP DC JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example	Mega Corporation Common Stock	X			10-12-04		X								
	NONE															

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Name Michael E. Capuano | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Bank of America Gotuille, NY	Mtg on Tilton Hollow, NH Prop		X								
JT	Winterhill Bank Som MA.	Mtg on Central St, Som MA.				X						
SP	Winterhill Bank Som MA	Mtg on CT+M, 1/6 Liable Joint+ Sev.			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
NY Stock Exchange NYSE	JAN 4 to JAN 5	Boston → NYC → Boston	Y	N	Y	N
Irish American Partnership	7-31 to 8-07	Boston → Ireland → N. Ireland Boston	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
	NONE	

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

Committee on Financial Services

Committee on Transportation & Infrastructure

Democratic Steering & Policy Committee

www.house.gov/capuano

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Washington, D.C. 20515-2108
202-225-5111
Fax: 202-225-9322

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110 First Street
Cambridge, MA 02141
617-[illegible]
Fax: 617-621-[illegible]

Roxbury Community College
Room 110

Congress of the United States
House of Representatives
Michael E. Capuano
8th District, Massachusetts

May 23, 2005

2005 MAY 24 AM 11:32
U.S. HOUSE OF REPRESENTATIVES
Clerk of the House
FINANCIAL DISCLOSURE REPORTS

MC

Clerk of the House
Jeff Trandahl
Capitol, Room H-154
Washington, DC 20515

I have been informed that my recent Financial Disclosure Statement for Calendar 2004 requires more detail. Although I have listed all assets properly, I am informed that I am required to provide more detail for any retirements funds that are "self-directed". Although four of the retirement funds listed for me and my family meet the test of "self-directed", I mistakenly believed that the extra detail was not required because none of these funds allow me to invest directly in stock; rather, I am limited to a list of mutual funds. I regret this misinterpretation and herein provide the necessary detail.

You should recognize that the Asset Value Categories marked in my original filing are correct. The amounts indicated below are not in addition to that amount, they are merely the detail that totals those original amounts.

Member's Deferred Compensation Plan administered by Nationwide Retirement Solutions

	Asset Value Category (corresponding to categories listed on Schedule C)
American Century Ultra Fund	C - $1,001 - $15,000
Fidelity Contrafund	C - $1,001 - $15,000
Putnam Voyager Fund	C - $1,001 - $15,000
Templeton Foreign Fund	C - $1,001 - $15,000

Spouse's IRA Account administered by Fidelity Investments

	Asset Value Category (corresponding to categories listed on Schedule C)
Fidelity Cash Reserves	C - $1,001 - $15,000
Van Kampen Growth & Income	C - $1,001 - $15,000
Ariel Fund	C - $1,001 - $15,000
Ariel Appreciation	C - $1,001 - $15,000

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FAM Value	C - $1,001 - $15,000
Fidelity Contrafund	C - $1,001 - $15,000
Fidelity Export & Multinational	C - $1,001 - $15,000
Fidelity International Discovery	C - $1,001 - $15,000
Fidelity Mortgage Securities	C - $1,001 - $15,000
FPA Crescent Instl	C - $1,001 - $15,000
Fidelity Select Natural Gas	C - $1,001 - $15,000
Oakmark Fund	C - $1,001 - $15,000
T Rowe Price Cap Appreciation	C - $1,001 - $15,000
Royce Total Return Fund	C - $1,001 - $15,000

Spouse's 401K Account administered by Nesteggs, Inc

	Asset Value Category (corresponding to categories listed on Schedule C)
Columbia Acorn Z	C - $1,001 - $15,000
Ariel Fund	C - $1,001 - $15,000
Calamos Growth	C - $1,001 - $15,000
Core Money Market	B - $1 - $1,000
Weitz Partners Value	C - $1,001 - $15,000

Dependent Children's IRA Account administered by Fidelity Investments

	Asset Value Category (corresponding to categories listed on Schedule C)
Fidelity Low Priced Stock Fund	C - $1,001 - $15,000

I hope this detailed information satisfies all of my requirements. If not, I am happy to provide any additional information required.

Respectfully,

Michael E. Capuano
MC

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A — For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2005 MAY 10 PM 3:33

(Office Use Only)

HC

Benjamin L. Cardin
(Full Name)

9 Whitebridge Court Baltimore, MD 21208 — 202-225-4016
(Mailing Address) — Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representative — State: MD District: 3	☐ Officer Or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☑ No ☐
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Benjamin L. Cardin	May 10, 2005

SCHEDULE I - EARNED INCOME

Name Benjamin L. Cardin

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Maryland	Legislative Pension	$4,621

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Benjamin L. Cardin

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Note1 JT	Smith, Barney Account including following assets:	below	below	below	
JT	1. Olin Corporation Common Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	same	same	CAPITAL GAINS	$1 - $200	
Note2 JT	2. Time Warner New Common Stock	$1,001 - $15,000		NONE	
JT	3. The News Corporation Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	4. Comcast Corp. Class A Common Stock	$1,001 - $15,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Benjamin L. Cardin

JT	5. United Bankshares, Inc. Common Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
JT	6. Northeast Utilities Common Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	same	same	CAPITAL GAINS	$1 - $200	
JT	7. A.T. & T. Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	8. Lucent Technologies Common Stock	$1,001 - $15,000		NONE	
JT	9. Union Pacific Common Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	same	same	CAPITAL GAINS	$1 - $200	
JT	10. Arch Chemical Common Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	11. Gillette Co. Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	12. Amerigas Partners, LP	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	13. NCR Common Stock	$1,001 - $15,000	CAPITAL GAINS	$1 - $200	
JT	14. Cash Management Account	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Morgan Stanley Account including following assets:	below	below	below	
JT	1. Global Dividend Growth Fund	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Benjamin L. Cardin

JT	2. Columbia Utiltity Fund A	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	3. Putnam Global Growth Fund A	$15,001 - $50,000	DIVIDENDS	$1 - $200	
JT	4. AIM Value Fund A	$15,001 - $50,000	DIVIDENDS	$1 - $200	
JT	5. Constellation Energy Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	6. Pfizer Common Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	7. Cash Management Account	$1,001 - $15,000	INTEREST	$1 - $200	
	Morgan Stanley Account including following assets:	below	below	below	
	1. Zimmer Holding, Inc. Common Stock	$15,001 - $50,000		NONE	
	2. Washington Suburban Bond	$15,001 - $50,000	INTEREST	$201 - $1,000	
	3. Howard Co., Md. Bond	$1,001 - $15,000	INTEREST	$201 - $1,000	
	4. Bristol, Myers Squib Common Stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	5. Anne Arundel Co., Md. Bond	None	INTEREST	$201 - $1,000	S
	6. Seligman Bond Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	7. Maryland State Bond	$15,001 - $50,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Benjamin L. Cardin

	8. Smith, Barney Intermediate Bond Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	9. Eaton Vance Muncipal Trust Class A - Note 3	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
	10. Maryland Tax Free Bond Trust 84	$1,001 - $15,000	INTEREST	$1 - $200	S
	11. Nuveen Maryland Premium Municpal Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	12. Delaware Group Dividend and Income Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	13. Cash Management Account	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	14. Columbia Utilities Fund A	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	15. Morgan Stanley American Opportunity Fund	$50,001 - $100,000		NONE	
	16. Maryland Health & Higher Education Bond	None	INTEREST	$201 - $1,000	S
	17. Washington Metro Bond	None	INTEREST	$201 - $1,000	S
	18. Capital Opportunity Trust B	$1,001 - $15,000		NONE	
	19. American Europacific Growth C	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	20. Calamos Growth & Income C	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	P
	same	same	CAPITAL GAINS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Benjamin L. Cardin

	National Grid Transco Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	A.T. & T. Wireless Common Stock	None		NONE	S
	Met Life Co., Common Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Israel Bonds	$1,001 - $15,000	INTEREST	$201 - $1,000	
JT	Meyer M. Cardin Trust - Note 4	$250,001 - $500,000	INTEREST	$15,001 - $50,000	PS
JT	same	same	DIVIDENDS	$1 - $200	
	Benjamin L. Cardin Trust - Note 5	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	same	same	Other: trust income nonpassive	$1 - $200	
	Venture BG Partnership c/o Howard S. Brown; Balto., Md. Note 6	$50,001 - $100,000	INTEREST	$1 - $200	
	same	same	Other: cash distribution	$5,001 - $15,000	
	Keough - ABA Retirement Plan - Benjamin L. Cardin Retirement Plan - Note 7	$500,001 - $1,000,000	N/A	NONE	
SP	Deferred Compensation plan - Note 8	$50,001 - $100,000	N/A	NONE	
SP	TIAA Cref Retirement Plan - Note 9	$1,001 - $15,000	N/A	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Benjamin L. Cardin

Note 10	IRAs - Morgan Stanley Account including following assets:	below	below	below	
	1. Israel Bonds	$50,001 - $100,000	INTEREST	$201 - $1,000	
	2. Money Market Accounts	$1,001 - $15,000	INTEREST	$1 - $200	
	Congressional Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	
	Minnesota Life Variable Life Insurance - Note 11	$15,001 - $50,000	N/A	NONE	
Note 12	Maryland College Investment Plans	$15,001 - $50,000	N/A	NONE	P

SCHEDULE IV - TRANSACTIONS

Name Benjamin L. Cardin

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	United Bankshares, Inc. Common Stock	P	2-4-04	$1,001 - $15,000
	Anne Arundel Co., Md. Bond	S	7-15-04	$1,001 - $15,000
	Eaton Vance Muncipal Trust Class A - Note 3	P	monthly - see Note 13	$1,001 - $15,000
	Maryland Tax Free Bond Trust 84	S	3-15-04 - Return of Principal	$1,001 - $15,000
	Maryland Health & Higher Education Bond	S	7-1-04	$1,001 - $15,000
	Washington Metro Bond	S	1-2-04	$1,001 - $15,000
	Calamos Growth & Income C	P	3-25-04;6-24-04;9-23-04;11-17-04;12-30-04 - see Note 13	$1,001 - $15,000
	A.T. & T. Wireless Common Stock	S	10-26-04	$1,001 - $15,000
JT	For transactions for Meyer M. Cardin Trust - see Note 4	PS	see Note 4	see Note 4
	Maryland College Investment Plans - Note 12	P	12-14-04	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Benjamin L. Cardin

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	For liabilities of Venture BG Partnership see Note 6	see Note 6	see Note 6

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Benjamin L. Cardin

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Commonwealth Fund & John F. Kennedy School Harvard University	Jan. 15-17, 2004	Aventura, Fla. (no reimbursement for travel to and from Fla.)	Y	Y	Y	N/A
Aspen Institute	June 27 - July 2, 2004	Baltimore, Md. To Lausanne, Switzerland to Baltimore, Md.	Y	Y	Y	N/A

SCHEDULE VIII - POSITIONS

Name Benjamin L. Cardin

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Visitors	University of Maryland Law School; Baltimore, Maryland
Technical Advisory Board (inactive)	Maryland Psychiatric Research Center; Baltimore, Maryland
Board of Advisors	Baltimore Zionist District; Baltimore, Maryland
Member	President's Advisory Board; University of Maryland, Baltimore County
Advisory Committee	Lawyer's Committee Against Hunger; Baltimore, Maryland
Partner	Partnerships listed in Schedule III - Venture BG Partnership
Board of Trustees	Baltimore Council on Foreign Affairs; Baltimore, Maryland
Trustee	Irrevocable Trust created by Roger Lipitz and family c/c Piper Rudnick Attorneys; Baltimore, Maryland
Trustee	Irrevocable Trust created by Lawrence M. Katz c/o Piper Rudnick Attorneys; Baltimore, Maryland
Trustee	Irrevocable Trust created by Herbert Rosen; Baltimore, Maryland
Trustee	Goucher College; Towson, Maryland
Executive Committee	Israel Bonds of Maryland

SCHEDULE VIII - POSITIONS

Name Benjamin L. Cardin

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board	The Center for Democracy and the Interpretation of Civil Society; St. Mary's College; St. Mary's City, Maryland
Trustee	Baltimore City Historical Society; Baltimore, Maryland
Advisory Board	Johns Hopkins Institute for Poilicy Studies; Baltimore, Maryland

SCHEDULE IX - AGREEMENTS

Name Benjamin L. Cardin

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1-2-87 (retired)	Filer and the State of Maryland	As a "retiree" from State service, I receive pension benefits (reported in Schedule I) and the right to participate in health insurance with the employer subsidizing part of the cost.

FOOTNOTES

Name Benjamin L. Cardin

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Stocks transferred to broker account at Smith Barney during 2004	Smith. Barney Account
2	Schedule III	Includes shares held in joint account at Morgan Stanley	Time Warner New Common Stock
3	Schedule III & IV	Exchanged B for A 3-22-04	Eaton Vance Muncipal Trust Class A

FOOTNOTES

Number	Section / Schedule	Footnote	This note refers to the following item
4	Schedule III and IV	A trust establised by filer's father for the benefit of filer and spouse during their lieftime with remainderman interest to filer's children. The Trust held the following reportable Assets and had the following reportable Transactions in 2004: (1) Federal Home Loan Note, Value of Asset, $1001-$15000; income - Interest $201-$1000; Transaction S Return of Principal, monthly $1001-$15000, (2) Prince Gearge's Co., Md. Bond, Value of Asset $15001-$50000; Income Interest $1001-2500; Capital Gains $201-$1000; Transactions: S 3-15-04 & 8-16-04 $15001-$50000; (3) Baltimore, Md. Bonds, Value of Asset $15001-$50000, Income - Interest $201-$1000; (4) Baltimore Co., Md. Bonds, Value of Asset $50001-100000; Income - Interest $1001-$2500; Transaction P 3-23-04 $15001-$50000, (5) Maryland Health & Higher Ed. Bonds, Value of Asset $15001-$50000; Income - Interest $2501-$5000; Capital Gains $1-$200; Transaction S 2-23-04 & 3-11-04 $50,001-$100000; (6) Maryland Stadium Bond, Value of Asset $1001-$15000; Income - Interest $201-$1000; (7) Howard Co., Md. Bond, Value of Asset - None; Income - Interest $201-$1000; Transaction S 2-17-04 $15001-$50000; (8) Washington Metro Area Transit Bond, Value of Asset - None; Income - Interest $201-$1000; Transaction S 1-2-04 $15001-$50000; (9) Maryland State Bonds, Value of Asset $50001-$100000; Income - Interest $2501-$5000; Transaction P 1-30-04 $15001-$50000; (10) Maryland State Local Facilities Bond, Value of Asset $15001-$50000; Income - Interest $1001-$2500; Transaction P 3-5-04 $1001-$15000; (11) Washington Co., Md. Bond, Value of Asset $1001-$15000; Income - Interest $201-$1000; (12) Baltimore, Md. Wastewater Bond, Value of Asset $15001-$50000; Income - Interest $1001-$2500; (13) University of Md. Bond, Value of Asset $15001-$50000; Income - Interest $201-$1000; (14) Maryland State Community Dev. Bonds, Value of Asset $15001-$50000; Income - Interest $201-$1000; (15) Montgomery Co., Md. Bonds, Value of Asset $15001-$50000; Income - Interest $1001-$2500; Transaction P 2-27-04 $1001-$15000; (16)	Meyer M. Cardin Trust

FOOTNOTES

Number	Section / Schedule	Footnote	This note refers to the following item
		Baltimore City, Md. Bonds. Value of Asset $15001-$50000; Income - Interest $1001-$2500; Transaction P 2-23-04 & 3-11-04 $15001-$50000; (17) St. Mary's Co., Md. Bond, Value of Asset $15001-$50000; Income - Interest $201-$1000; (18) General Electric Corp. Bond, Value of Asset $1001-$15000; Income - Interest $201-$1000; and (19) Money Market Fund, Value of Asset $1001-$15000; Income - Interest $1-$200; Transaction P/S cash management account for investments listed above.	
5	Schedule III	A Trust established by filer on June 29, 1990 for the benefit of spouse during her lifetime with remainderman interest to filer's children. The Trust held the following reportable Asset in 2004: Morgan Stanley Cash Management Account, Value of Asset $1001-$15000; Income - Dividend $1-$200. In addition the Trust purchased life insurance in March, 1991.	Benjamin L. Cardin Trust
6	Schedule III & V	Venture BG is a partnership that holds the land at 3601 Washington Blvd., Baltimore, Md. The filer owns 1.01 percent interest. The evaluation is based on the adjusted capital account. The Asset of the partnership is 3601 Washington Blvd., Baltimore, Md., Value of Asset $5,000,001-$25,000,000; Income - Rent $5001-$15000. The Liabilities of the Partnership are as follows: (1) GMAC Commercial Mortgage, Horsham, Pa. Mortgage on 3601 Washington Blvd., Baltimore, Md., Amount of Liability $1,000,001-$5,000,000 and (2) Howard Brown, Baltimore, Maryland Loans, Amount of Liability $1,000,001-$5,000,000.	Venture BG Partnership
7	Schedule III	Retirement funds invested in Stable Asset Return Fund, International Bond Fund, Large Cap Growth Equity Fund and Moderate Portfolio Fund	Keough - ABA Retirement Plan - Benjamin L. Cardin
8	Schedule III	Invested through Lincoln Finance Group and invested in Fixed Account, Bond Fund, Growth & Income Fund and Special Opportunity Fund	Deferred Compensation plan

FOOTNOTES

Number	Section / Schedule	Footnote	This note refers to the following item
9	Schedule III	Invested in TIAA Traditional Fund and CREF Stock Fund	TIAA Cref Retirement Plan
10	Schedule III	Includes IRAs for filer and spouse	IRAs
11	Schedule III	Value represents cash value as of 11/12/03 (most recent information supplied by insurance company). Listed as Asset because cash value directed into equity accounts as of 11/12/03 and invested in the following funds: Guaranteed Principal Account, Franklin Large Cap Growth Security, Fidelity VIP Equity-Income, Advantus Index 400 Mid Cap, MFS New Discovery Series, Oppenheimer International Growth, W & R Target International, Templeton Developing Markets Security, Advantus Real Estate Security, Advantus Bond and Oppenheimer High Income	Minnesota Life Variable Life Insurance
12	Schedule III & IV	Includes college funds established by filer and spouse	Maryland College Investment Plans
13	Schedule IV	Purchases made automatically through dividend and/or distribution reinvestment program with company	Eaton Vance Munc. Trust & Calamos Growth & Inc. C

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 2:50

(Office Use Only)

MC

Dennis Cardoza
(Full Name)

435 Cannon House Office Building Washington, DC 20515
(Mailing Address)

(202) 225-6131
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative	State: CA District: 18	☐ Officer Or Employee	Employing Office:

Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		Yes ☐ No ☑
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**		Yes ☑ No ☐
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		Yes ☑ No ☐
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		Yes ☐ No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief		5/15/2005

SCHEDULE I - EARNED INCOME

Name Dennis Cardoza

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Merced Faculty Associates	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name: Dennis Cardoza

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Cardoza & Cardoza Landholding Partnership Atwater, CA (see below) 6.21 acres at Bellvue & Redwood Atwater, CA	$500,001 - $1,000,000		NONE	
	County Bank of Merced Stock (IRA)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Bank of America (Checking and Savings Accounts	$15,001 - $50,000	INTEREST	$1,001 - $2,500	

SCHEDULE V - LIABILITIES

Name Dennis Cardoza

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	River City Bank (Home Improvement)	Loan	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Dennis Cardoza

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Transatlantic Policy Network (meetings)	Nov.29-Dec. 6	San Francisco - Paris - Brussels - Paris - Wash., D.C.	Y	Y	Y	Dec 4-6
Jones Management, LLC (CFSA Forum)	Sept. 10-13	Congressman Cardoza: Wash., D.C. - Jacksonhole, WY - Wash., D.C. Spouse: Fresno - Jacksonhole, WY - Fresno	Y	Y	Y	No
Democratic Leadership Council (Spring Retreat)	Mar. 25-28	Wash., D.C. - Jacksonville/Amelia Island, FL - Wash., D.C.	Y	Y	N	No

SCHEDULE VIII - POSITIONS

Name Dennis Cardoza

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Cardoza & Cardoza

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 5:28

(Office Use Only) MC

John Russell Carnahan
(Full Name)

1232 Longworth HOB
Washington, D.C. 20515
(Mailing Address)

202-225-2671
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: Missouri District: 3rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4 § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Carnahan	May 12, 2005

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
BJC Health Care, St. Louis, MO	salary	88,000.
State of Missouri, House of Representatives	salary	32,000.
City of St. Louis, Municipal Court (spouse)	salary	30,000.

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500

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Name John Russell Carnahan | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock						X							X										X								P
DC, Examples:	Simon & Schuster		Indefinite																	Royalties										X		
JT	1st Bank of Paducah, KY accounts						X									X										X						
JT	Family Farm Rolla, Missouri						X														X											
JT	Carnahan Inv. LLC Comm. Bld., Rolla, Mo.				X										X									X								
JT	Rental Property Jefferson City, Mo					X									X						X											
JT	Castle Ballroom, LLC Comm. Bldg. St. L. Mo. (Sold)						X								X		X										X					
JT	National City Bank St. Louis, Mo.				X											X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Russell Carnahan

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
JT	St Louis Comm. Credit Union Checking & savings			X												X							X									
	Citi Street 401(k)			X												X							X									
	Citi Street 403(b)				X											X								X								

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Name John Russell Carnahan | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
JT	Castle Ballroom Dev. LLC Comm. Building, St. Louis, MO. [redacted]		X		10-7-04				X	[redacted]					

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Mo. State Credit Union	mortgage, 715 Cliff St. Jefferson City, MO			X							
JT	Visa	credit card	X									
JT	Royal Bank, St. Louis MO	mortgage on Farm House, Rolla MO		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	2 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
member, board of dir.	Carnahan Foundation
member	Carnahan Farms, L.L.C. / Carnahan Inv., L.L.C.
member	Castle Ballroom Dev., L.L.C
member	USS Williamsburg Pres. & Ed. Foundation
member	Chris Craft Commander, L.L.C.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2005 69-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 MAY 12 PM 5:22
MC U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Julia M. Carson
(Full Name)

2530 N Park Ave
(Mailing Address)

Indianapolis In 46205

202 225 4011
317 926 7696
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State INDIANA District 7th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Julia Carson	5/10/05

Name Julia Carson | Page 2 of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$5,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Cummins Engine Co Inc	1,260.00	
State of Indiana Legislative Retirement	6,720.00	
State of Indiana Pooja Employment Retirement	7,332.00	
	4,708.00	

For payments to charity in lieu of honoraria, use Schedule II.

Name Julie Carson | Page 3 of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D.C	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
n/a			

This page may be copied if more space is required.

Name Jackie Carson | Page 4 of -

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP, DC, JT	Examples: SP Mega Corp. Stock	X (A: None)	DIVIDENDS: X	None: X	P
	Simon & Schuster	Indefinite (C: $15,000 – $50,000)	RENT		
	1st Bank of Paducah, KY accounts	X (F: $100,001 – $250,000)	INTEREST: X		
			CAPITAL GAINS		
			EXCEPTED TRUST		
			QUALIFIED BLIND TRUST		
			Other Type of Income (Specify: For Example, Partnership Income or Farm Income): Royalties	$5,001 – $15,000: X; $50,001 – $100,000: X	
	Key Bank Checking	X (C: $15,000 – $50,000)			
	Carey Fed Credit U	X (D: $15,001 – $50,000)			

A: None; B: $1 – $1,000; C: $1,001 – $15,000; D: $15,001 – $50,000; E: $50,001 – $100,000; F: $100,001 – $250,000; G: $250,001 – $500,000; H: $500,001 – $1,000,000; I: $1,000,001 – $5,000,000; J: $5,000,001 – $25,000,000; K: $25,000,001 – $50,000,000; L: Over $50,000,000

I: None; II: $1 – $200; III: $201 – $1,000; IV: $1,001 – $2,500; V: $2,501 – $5,000; VI: $5,001 – $15,000; VII: $15,001 – $50,000; VIII: $50,001 – $100,000; IX: $100,001 – $1,000,000; X: $1,000,001 – $5,000,000; XI: Over $5,000,000

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name [illegible] Page 5 of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name

Page 6 of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO./DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-04		X								

This page may be copied if more space is required.

Name [illegible] | Page 7 of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

N/a

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

N/a

Use additional sheets if more space is required.

___ *Original* ___ *Amendment*

U.S. House of Representatives

MEMBER/OFFICER TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately funded travel on the annual Financial Disclosure Statements of those persons required to file them. In accordance with clause 5 of House Rule 25, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 30 days after travel is completed. The Clerk is to make these forms available to the public as soon as possible after they are filed. *Obtain the dollar amounts from the sponsor; if exact dollar amounts are unavailable, provide a good faith estimate.*

Name of Member or Officer (print or type): Julia Carson

Name of accompanying family member (if any): —

Relationship to Member/Officer (check one): ___ spouse ___ child

Dates of Travel: April 2-5, 04

Dates at personal expense: —

Itinerary (Point of departure – destination – return): Washington, DC - Miami, FL

Sponsor (Who paid for the trip): NASDAQ

Purpose of Trip: Leadership Summit

LEGISLATIVE RESOURCE CENTER
2004 APR 30 PM 2:19
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses
For Member or Officer:	$331.10	$945	$531
For accompanying spouse or child:			

	Other expenses (dollar amount)	Nature of expenses (e.g., taxi, parking, registration fee, etc.)
For Member or Officer:	—	—
For accompanying spouse or child:		

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER OR OFFICER: Julia Carson

DATE: 4/30/04

Version date 4/2003 by Committee on Standards of Official Conduct

SALES DRAFT

CATO TRAVEL
B222 LNGB
WASHINGTON, DC 20515
(202) 554-4540
4301330822554570

TID : 3308225545704301 0002
DATE : 04/02/04 10:15:56 AM FRI
ACCT : ********** 0729 VI
BATCH : 270

INVOICE : 130273
TRAN # : 3668
AMOUNT : $15.00

THANK YOU.
PLEASE COME AGAIN.

APPROVAL: 054461

1535 LONGWORTH
WASHINGTON DC 20515

OFFICES

:6 FAX 703-522-0616

ITINERARY RECEIPT
PAGE NO. 1
PNR: 1P-3DEVZ3
TK-SH/8AW BK-SW/8AP

NAME : CARSON/JULIA.CONGRESSWOMAN

CUSTOMER NO.	ACCOUNT NO.	DATE
OTA	1000@02	02APR04

* ELECTRONIC TICKET * POSITIVE IDENTIFICATION REQUIRED AT CHECK-IN
**REQUEST TERMS/CONDITIONS OF TRAVEL AND CARRIER LIABILITY NOTICES FROM
TRAVEL AGENCY OR THE TRANSPORTING CARRIER.**
RESTRICTIONS-DCA ONLY
ISSUED BY-CATO HOUSE WASHINGTON DC

CO	DATE	CITY-AIRPORT	TIME	FLIGHT NBR/CLASS	ST	SERV/AMNT
V FR	02APR 2004	AGENCY SERVICE CHARGE				CONFIRMED ITEM COST:15.00
A FR	02APR	LV WAS/R.REAGAN NATL	815P	AMERICAN AIR 797Y	OK	
		AR MIAMI	1035P	BAGS ALLOWED- 2PIECE		OSTOP MBO

TICKET NUMBER(S)- E0011870[illegible]6142

SERVICE CHARGE	15.00	TAX	0.00
		SUBTOTAL	15.00
		AIRFARE	284.65
		TAX	31.45
		TOTAL AIRFARE	316.10
		TOTAL INVOICE AMOUNT	331.10
		AMOUNT CHARGED	331.10

THIS AMOUNT WILL BE CHARGED TO CREDIT CARD: VI

ACCESS YOUR COMPLETE ITINERARY ONLINE
WWW.MYTRIPANDMORE.COM YOUR LOCATOR NUMBER CAN
BE FOUND IN THE UPPER RIGHT CORNER AFTER PNR 1P-

THANK YOU FOR YOUR BUSINESS

JAMES W.J.I JOHNSON, JR.
VICE PRESIDENT
OFFICE OF GOVERNMENT RELATIONS

NASDAQ®

THE NASDAQ STOCK MARKET
1801 K STREET, NW 8TH FLOOR
WASHINGTON, DC 20006
P 202.912.3060 F 202.912.3195
jj.johnson@nasdaq.com

April 22, 2004

Representative Julia M. Carson
1535 Longworth House Office Building
Washington, DC 20515

Dear Representative Carson:

Thank you for joining us earlier this month to participate in the NASDAQ Leadership Summit held April 2-4, 2004. I fully understand the demands on your time, and greatly appreciate your decision to attend the Summit. I hope you found it to be a valuable experience.

We believe that the Summit facilitated significant dialogue between business leaders from the Nasdaq listed community and government officials, and helped forge relationships that will better enable all of us to work together to grow the U.S. economy. We did not shy away from the most challenging economic issues our country faces today, including the federal budget deficit, outsourcing, expensing of stock options, and legal reform. The discussion on expensing of stock options, in particular, offered the opportunity to delve deeply into an issue that greatly impacts many of our listed companies' employees. We also had the opportunity to discuss the groundbreaking SEC proposed rule which, recognizing technological innovations in the equity markets, would modernize securities laws to promote greater competition and ensure investor protection. Your input in these sessions was valuable and integral to the event's success.

For disclosure purposes, the total costs associated with your participation in the Summit were: $1,807.00, of which transportation was $331.10, lodging was $945.00, and meals were $531.00. In addition, the cost of participation for Deron Roberson was $862.10; $331.10 for transportation and $531.00 for meals.

On behalf of the Nasdaq executives and listed companies in attendance, thanks again for your participation in the 2004 NASDAQ Leadership Summit. Please do not hesitate to contact me if you need any further information about the event or if you would like to discuss any of the issues raised at the Summit.

Sincerely,

___ *Original* ___ *Amendment*

U.S. House of Representatives

MEMBER/OFFICER TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately funded travel on the annual Financial Disclosure Statements of those persons required to file them. In accordance with clause 5 of House Rule 25, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 30 days after travel is completed. The Clerk is to make these forms available to the public as soon as possible after they are filed. *Obtain the dollar amounts from the sponsor; if exact dollar amounts are unavailable, provide a good faith estimate.*

Name of Member or Officer (print or type): Julia Carson

Name of accompanying family member (if any): —

Relationship to Member/Officer (check one): ___ spouse ___ child

Dates of Travel: April 5-8, 04

Dates at personal expense: —

Itinerary (Point of departure – destination – return): Miami - St. Thomas - Indianapolis

Sponsor (Who paid for the trip): Congressional Black Caucus Foundation

Purpose of Trip: Mental Health Roundtable

LEGISLATIVE RESOURCE CENTER
2004 APR 30 PM 2:19
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses
For Member or Officer:	$1176	$240.02	$34.50
For accompanying spouse or child:			

	Other expenses (dollar amount)	Nature of expenses (e.g., taxi, parking, registration fee, etc.)
For Member or Officer:	—	—
For accompanying spouse or child:		

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER OR OFFICER: Julia Carson

DATE: 4/30/04

Version date 4/2003 by Committee on Standards of Official Conduct

Name [illegible] Page 8 of

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	NASDAQ	4-2-04	Washington to Washington DC	Yes	Yes	NO	N
			$331.10	945.00	53.00		
	Congressional Black Caucus Foundation		~~Washington~~ Miami				
			At Thomas Bridgeville	280	340 = 34.00		
			116.00				

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Name [illegible] | Page 9 of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	n/a

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2005 — 68-729 (mac)

Use additional sheets if more space is required.

HAND DELIVERED

2005 MAY 16 AM 9:51

MC
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

JOHN RICE CARTER
(Full Name)

408 CHOB WASHINGTON, DC 20515
(Mailing Address)

202-225-3884
Daytime Telephone

Filer Status: ☑ Member of the U.S. House of Representatives — State TX District 31 — ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $286 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Carter	5-12-05

Congressman John Carter TX-31 11:16:05 a.m. 05-13-2005 3/7
629

630

SCHEDULE I - EARNED INCOME

Name JOHN RICE CARTER

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
TEXAS JUDICIAL RETIREMENT SYSTEM	JUDICIAL PENSION	$77,466.60

631

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JOHN RICE CARTER

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
AXXIOM STOCK	$1 - $1,000	OTHER HELD STOCK	NONE	
EXXON STOCK (DIVIDENDS SUBJECT TO LIFE ESTATE FOR PAULINE CARTER EXCEPT FOR 8 SHARES)	$1,000,001 - $5,000,000	DIVIDENDS	$1 - $200	

632

SCHEDULE V - LIABILITIES

Name JOHN RICE CARTER

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	UNION STATE BANK OF FLORENCE, TEXAS	BANK LOAN	$50,001 - $100,000
	CITIBANK	BANK CARD	$10,001 - $15,000
	MBNA BANK	BANK CARD	$15,001 - $50,000
	SALLIE MAE (COMB)	STUDENT LOANS	$100,001 - $250,000

633

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name JOHN RICE CARTER

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
TAIPEI ECONOMIC AND CULTURAL REPRESENTATIVE OFFICE	NOV 30 - DEC 05	DC-TAIPEI-DC	Y	Y	Y	NO

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 13 AM 11:33

U.S. HOUSE OF REPRESENTATIVES

(Office Use Only) HC

Edward Espenett Case
(Full Name)

115 Cannon House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202-225-4906

Filer Status	☑ Member of the U.S. House of Representatives	State: Hawaii District: 2	☐ Officer or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	5/10/05

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
United Airlines	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Edward E. Cox | Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC	*Examples:* Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	Carlsmith Ball Profit Sharing Plan						✓													Pension						NA						
	Carlsmith Ball Capital Note Repayment			✓												✓							✓									
JT	Hawaii State FCU			✓												✓						✓										
JT	Alliant Credit Union					✓										✓								✓								
SP	United Airlines 401(k) Ret. Svgs. Pl.					✓														401(k)						NA						
SP	Morgan Stanley IRA Standard Special				✓															IRA						NA						

For additional assets and unearned income, use next page.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Democratic leadership Council	3/25-28	DC-Anclia Is, FL-DC	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Page 1 of 2

LEGISLATIVE RESOURCE CENTER
MAY 10 PM 4:50
(Office Use Only)

HC

Michael N. Castle
(Full Name)

HAND DELIVERED

2001 Kentmere Place Wilmington, DE 19806
(Mailing Address)

302-428-1902
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State DE District: 01	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Michael N. Castle	5/10/05

SCHEDULE I - EARNED INCOME

Name Michael N. Castle

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Delaware	Pension	$37,165.26

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
14 George Street, Dewey Beach, DE (Note: for the above, gross rental only and does not reflect expenses)	$250,001 - $500,000	RENT	$15,001 - $50,000	N/A
224A Justice Court, Washington, DC (Note: for the above, gross rental only and does not reflect expenses)	$50,001 - $100,000	RENT	$5,001 - $15,000	N/A
Ninth Street Partnership, owning offices @ 300-322 W. Ninth Street, Wilmington, DE 16.67% interest (Partnership, Inc.) gross rental income (Note: for the above, gross rentals only and does not reflect expenses	None	RENT	$15,001 - $50,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	4566 Parkside Drive Kiawah Island, SC	$250,001 - $500,000	RENT	$15,001 - $50,000	NA
	Vanguard Money Market Reserve Prime Portfolio	$100,001 - $250,000	DIVIDENDS	$201 - $1,000	PS
	Aegis Value Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
	Legg, Mason Capital Opportunity Fund	$50,001 - $100,000		NONE	
	Dodge & Cox Balanced Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P
	Fidelity Tax Free Money Market	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS
	Cohen & Steers Realty	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
	Boston Partners Small Cap Value II	$15,001 - $50,000	CAPITAL GAINS/DIVIDENDS	$201 - $1,000	P
	FPA Crescent Inst. Shares	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
	Heartland Value Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	P
	Marsico Focus Fund	$15,001 - $50,000		NONE	
	Oakmark Global Fund	$15,001 - $50,000	CAPITAL GAINS/DIVIDENDS	$201 - $1,000	P
	Weitz Partner Value Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	Wm. Blair Small Cap Growth Fund	$15,001 - $50,000	CAPITAL GAINS/DIVIDENDS	$1,001 - $2,500	P
	Vanguard Inter-Term Tax Exempt Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
	Vanguard Capital Value Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	Vanguard Health Care Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
	Evergreen Money Market Fund (successor to Live Oak General Money Market Fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	PS
	WYETH (formerly American Home Products Corp.)	$15,001 - $50,000		NONE	S
	American Power Conversion Corp.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	American Intl. Group, Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
	BP P.L.C Sponsored ADR	$1,001 - $15,000		NONE	S
	Caci Intl Inc.	$1,001 - $15,000		NONE	P
	Charles River Associates	$1,001 - $15,000		NONE	P
	Ebay Inc.	$1,001 - $15,000		NONE	P
	Grant Prideco Inc.	$1,001 - $15,000		NONE	
	MLM Index Fd Enhanced Ser (A managed future fund)	$50,001 - $100,000		NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	Gemstar TV Guide	$1,001 - $15,000		NONE	
	Home Depot, Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Integrated Circuit Systems	$1,001 - $15,000		NONE	P
	Amgen, Inc.	$15,001 - $50,000		NONE	
	L3 Communications	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Sunguard Data Systems, Inc.	$1,001 - $15,000		NONE	P
	Symantec Corp	$1,001 - $15,000		NONE	P
	DE General Obligations due 5-1-04 2000 Coupon	$1,001 - $15,000	INTEREST	$201 - $1,000	S
	PR Electric Power due 7-1-17 Zero Coupon	$1,001 - $15,000	INTEREST	$201 - $1,000	
	DE State Economic Development Author. Due 5-1-07	$1,001 - $15,000	INTEREST	$201 - $1,000	
	DE EDA Hospital Revenue Riverside Zero Coupon due 1-1-06	$1,001 - $15,000	INTEREST	$201 - $1,000	
	DE General Obligation due 5-1-05 Zero Coupon	$1,001 - $15,000	INTEREST	$201 - $1,000	
	DE General Obligation due 5-1-07 Zero Coupon	$1,001 - $15,000	INTEREST	$1 - $200	
	Ariba Inc. (IRA)	$1 - $1,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	AOL Time Warner (IRA)	$1,001 - $15,000		NONE	
	BCE Inc. (IRA)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Cisco Systems (IRA)	$1,001 - $15,000		NONE	
	EMC Corp. (IRA)	$1,001 - $15,000		NONE	
	Equity Office Prop. (IRA)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Flextronics International (IRA)	$1,001 - $15,000		NONE	
	Intel Corp. (IRA)	$15,001 - $50,000	DIVIDENDS	$1 - $200	S (Partial)
	Kimco Realty Corp. (IRA)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	S (Partial)
	Nortel Networks (IRA)	$1,001 - $15,000		NONE	
	Oracle Corp (IRA)	$15,001 - $50,000		NONE	S (Partial)
	Plum Creek Timber (IRA)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Pfizer Inc. (IRA)	$1,001 - $15,000		NONE	
	Valero Energy (IRA)	$15,001 - $50,000		NONE	
	Fidelity Floating Rate High Income	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	Ameristock Mutual Fund (IRA)	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
	Bridgeway Aggressive Investors II	$15,001 - $50,000		NONE	P
	Janus Mid-Cap Value (formerly Berger Mid-Cap Value) (IRA)	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
	Clipper (IRA)	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
	Columbia High Yield (IRA)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Columbia Acorn Select Class Z (formerly Liberty Acorn Twenty Class Z) (IRA)	$15,001 - $50,000	CAPITAL GAINS	$1 - $200	P
	Oakmark International (IRA)	$15,001 - $50,000	CAPITAL GAINS/DIVIDENDS	$201 - $1,000	P
	Oakmark Equity & Income (IRA)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	PBHG IRA Capital Preservation (IRA)	None		NONE	S
	Dodge & Cox International Stock Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	P
	Pimco Commodity Real Return Strategy	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	NONE	
	Pimco Total Return Class D (IRA)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	P
	Pimco Emerging Markets Bond (IRA)	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	Royce Low Price Stock Fund (IRA)	$15,001 - $50,000	CAPITAL GAINS/DIVIDENDS	$201 - $1,000	P
	Muhlenkamp Fund (IRA)	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	Fidelity Cash Reserves (IRA)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P, S
	Flextronics Intl. Ltd.	$1,001 - $15,000		NONE	
	Cortex Pharmaceuticals	$1,001 - $15,000		NONE	
	Arotech Corp. (formerly Electric Fuel Corp.)	$1 - $1,000		NONE	
SP	Morgan Stanley Liquid Asset Fund (IRA)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Morgan Stanley Pacific Growth Fund (IRA)	$1,001 - $15,000		NONE	
SP	Morgan Stanley European Equity Fund (IRA)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Morgan Stanley American Oppor. (IRA)	$1,001 - $15,000		NONE	
SP	Morgan Stanley Dividend Growth Securities (IRA)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Alger Mid Cap Growth	$1,001 - $15,000		NONE	
SP	Fidelity Diver Intl.	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Fidelity Equity Inc. II	$15,001 - $50,000	DIVIDENDS	$1 - $200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

SP	MSI Sm. Co. Growth B	$1,001 - $15,000		NONE	P
SP	Fid. Mgd. Inc. Port	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	Vanguard Money Market Reserve Prime Portfolio	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	T. Rowe Price Variable Annuity	$100,001 - $250,000		NONE	
	Trust U/A 8-25-41, James M. Castle Trust #1, 16.66% Allocable share of trust income per K-1	N/A	DIVIDENDS	$201 - $1,000	
	JMC Trust #1 Wachovia PT Money Market (successor to First Union)	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #1 Evergreen Core Bond Fund (successor to Evergreen Income Plus Fund)	$15,001 - $50,000	As noted above	As noted above	
	JMC Trust #1 Evergreen Large Cap Equity Fund (successor to Evergreen Stock Selector Fund)	$15,001 - $50,000	As noted above	As noted above	
	Trust U/A 1-21-53 James M. Castle Trust #3, 16.66% interest Allocable share of trust income per K-1	N/A	DIVIDENDS	$5,001 - $15,000	
	JMC Trust #3 Wachovia PT Money Market (successor to First Union Money Market)	$1,001 - $15,000	As noted above	As noted above	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	JMC Trust #3 Evergreen Core Bond Fund (successor to Evergreen Income Plus Fund)	$50,001 - $100,000	As noted above	As noted above	
	JMC Trust #3 DuPont Co.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 GE Co.	$15,001 - $50,000	As noted above	As noted above	
	JMC Trust #3 Coca Cola	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 H.J. Heinz Co.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 Proctor & Gamble Co.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 Ford Motor Co.	$1 - $1,000	As noted above	As noted above	
	JMC Trust #3 Home Depot	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 intel Corp.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 Motorola Inc.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 Wyeth (formerly American Home Products)	$15,001 - $50,000	As noted above	As noted above	
	JMC Trust #3 Bristol Myers Squibb Co.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 Johnson & Johnson	$1,001 - $15,000	As noted above	As noted above	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	JMC Trust #3 BP PLC	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 Exxon Mobil	$15,001 - $50,000	As noted above	As noted above	
	JMC Trust #3 SBC Communication	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 Verizon Communications	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 Bank of New York Co.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 J.P. Morgan Chase	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #3 Mellon Financial Corp.	$1,001 - $15,000	As noted above	As noted above	
	Trust U/A 1-4-46, James M. Castle Trust #2, 16.66% interest changed from 11.11% due to death of sibling Allocable shares of trust income per K-1	N/A	DIVIDENDS	$1,001 - $2,500	
	JMC Trust #2 Wachovia PT Money Market (successor to First Union Money Market)	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #2 Core Bond Fund (successor to Evergreen Income Plus Fund)	$15,001 - $50,000	As noted above	As noted above	
	JMC Trust #2 General Electric Co.	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #2 Home Depot, Inc.	$1,001 - $15,000	As noted above	As noted above	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

	JMC Trust #2 Abbot Labs	$15,001 - $50,000	As noted above	As noted above	
	JMC Trust #2 Bristol Myers Squibb Co.	$1 - $1,000	As noted above	As noted above	
	JMC Trust #2 Exxon Mobil Corp.	$1 - $1,000	As noted above	As noted above	
	JMC Trust #2 Bank of New York	$1 - $1,000	As noted above	As noted above	
	JMC Trust #2 Mellon Financial	$1 - $1,000	As noted above	As noted above	
	JMC Trust #2 Cisco Systems	$1 - $1,000	As noted above	As noted above	
	JMC Trust #2 Hewlett Packard Co.	$1 - $1,000	As noted above	As noted above	
	JMC Trust #2 BP PLC Sponsored ADR	$1,001 - $15,000	As noted above	As noted above	
	JMC Trust #2 Hospira, Inc.	$1,001 - $15,000	As noted above	As noted above	
	James M. Castle, Jr. Trust 8-27-68 allocable share trust income per K-1	N/A	DIVIDENDS	$15,001 - $50,000	
	James M. Castle, Jr. Trust Wachovia PT Money Market (formerly First Union Money Market)	$15,001 - $50,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Delaware Trust Municipal Bond Fund	$250,001 - $500,000	As noted above	As noted above	
	James M. Castle, Jr. Trust DuPont	$1,001 - $15,000	As noted above	As noted above	

	James M. Castle, Jr. Trust General Electric	$15,001 - $50,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Colgate Palmolive Co.	$15,001 - $50,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Abbot Labs	$15,001 - $50,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Cigna Corp.	$1,001 - $15,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Glaxo Smith Kline	$1,001 - $15,000	As noted above	As noted above	
	James M. Castle, Jr. Trust BP PLC	$1,001 - $15,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Chevron/Texaco Corp.	$1,001 - $15,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Westar Energy, Inc. (formerly Western Reserve)	$1,001 - $15,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Alltel Corp.	$15,001 - $50,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Wellpoint, Inc. (exchanged from Anthem)	$1,001 - $15,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Evergreen Large Cap Equity Fund (successor to Evergreen Stock Selector Fund)	$100,001 - $250,000	As noted above	As noted above	
	James M. Castle, Jr. Trust Evergreen Intl. Equity Fund	$1,001 - $15,000	As noted above	As noted above	

SCHEDULE IV - TRANSACTIONS

Name Michael N. Castle

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Cohen & Steers Real Estate	P	Quarterly	$1,001 - $15,000
	Boston Partners Small Cap Value II	P	12/21/04	$1,001 - $15,000
	Heartland Value Fund	P	8/27/04 and 12/28/04	$1,001 - $15,000
	Weitz Partners Value	P	6/29/04 & 12/30/04	$1,001 - $15,000
	Wm. Blair Small Cap Growth Fund	P	12/16/04	$1,001 - $15,000
	Aegis Value Fund	P	12/21/04	$1,001 - $15,000
	Vanguard Prime Money Market Fund	P	various dates	$100,001 - $250,000
	Vanguard Intermediate Term Tax Exempt Fund	P	Monthly	$1,001 - $15,000
	Vanguard Health Care Fund	P	3/19/04 & 12/17/04	$1,001 - $15,000
	Dodge & Cox Balanced Fund	P	Quarterly	$1,001 - $15,000
	American Intl. Group	P	2/9/04	$1,001 - $15,000
	Caci Intl. Class A	P	2/9/04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Michael N. Castle

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Charles River Associates, Inc.	P	2/9/04	$1,001 - $15,000
	Ebay, Inc.	P	2/9/04	$1,001 - $15,000
	Home Depot, Inc.	P	2/9/04	$1,001 - $15,000
	Integrated Circuit Systems	P	2/9/04	$1,001 - $15,000
	L-3 Communications Holdings, Inc.	P	2/9/04	$1,001 - $15,000
	MLM Enhanced Ser. A	P	1/23/04	$15,001 - $50,000
	Sunguard Data Sys. Inc.	P	2/9/04	$1,001 - $15,000
	Symantec Corp.	P	12/17/04	$1,001 - $15,000
	Bridgeway Aggressive Investors II	P	1/28/04	$15,001 - $50,000
	Dodge & Cox International Stock Fund (IRA)	P	1/28/04	$15,001 - $50,000
	Pimco Commodity Real Return Strategy CLA (IRA)	P	1/28/04	$15,001 - $50,000
	Pimco Commodity Real Return Strategy CLA (IRA)	P	Quarterly	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Michael N. Castle

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Pimco Total Return (IRA)	P	Monthly	$1,001 - $15,000
	Pimco Emerging Markets (IRA)	P	Monthly	$1,001 - $15,000
	Oakmark Equity & Income Fund (IRA)	P	12/9/04	$1,001 - $15,000
	Janus Mid Cap Value (IRA)	P	12/17/04	$1,001 - $15,000
	PBHG IRA Capital Preservation (IRA)	S	1/27/04	$50,001 - $100,000
	Oracle Corp. (IRA)	S (Partial)	1/27/04	$1,001 - $15,000
	Intel Corp. (IRA)	S (Partial)	1/27/04	$1,001 - $15,000
	Kimco Realty (IRA)	S (Partial)	1/27/04	$1,001 - $15,000
	Ninth Street Partnership owning offices at 300-322 W 9th Street, Wilmington, DE 16.67% interest	S	8/31/04	$100,001 - $250,000
	BP P.L.C. Sponsored ADR	S	2/9/04	$1,001 - $15,000
	Wyeth (formerly American Home Products Corp.)	S	2/9/04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Michael N. Castle

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Delaware State General Obligation 5/1/04	S	5/3/04	$1,001 - $15,000
	American Intl. Group, Inc.	S	11/23/04	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Michael N. Castle

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Aspen Institute - The Challenge of Education Reform	Feb. 17-21	Philadelphia, PA -- Cancun, Mexico -- Philadelphia, PA	Y	Y	N	N/A

SCHEDULE VIII - POSITIONS

Name Michael N. Castle

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	The Oquirrh Institute
Board Member	The Southern Institute on Children and Families
Board Member	James B. Hunt, Jr. Institute for Educational Leadership and Policy

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 3:10

MC

STEVEN J. CHABOT
(Full Name)

3014 HARRISON AVE.
(Mailing Address)

(513) 662-8000
Daytime Telephone

CINCINNATI, OHIO 45211
(City, State, ZIP Code)

Filer Status	[X] Member of the U.S. House of Representatives — State: OHIO District: FIRST	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Steven J. Chabot	5/9/05

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
NONE			

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Name STEVEN J CHABOT | Page 4 of 12

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S) or exchanged (E) in reporting year.

Block A	Block B												Block C							Block D											Block E
	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT — Examples: SP Mega Corp Stock					X								X										X								P
Indefinite — Simon & Schuster																			Royalties									X			
1st Bank of Paducah, KY accounts						X									X										X						
SELECTED AMERICAN SHARES				X									X									X									
CHARLES SCHWAB + CO				X									X									X									
APPLEBEES COMMON STOCK					X								X								X										
CINTAS COMMON STOCK				X									X								X										
GRADISON MONEY MKT FUND (NOW VICTORY MM FUND)				X									X									X									
PNC BANK ACCTS				X											X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	CHEVIOT B+L CD'S				X											X								X							
	USA BANK ACCT			X												X						X									
	WESTWOOD HOMESTEAD S+L (NOW ADVANTAGE BANK) CD'S					X										X									X						
	SERGER FUND IRA (NOW JANUS FUND IRA)				X									X																	
	COLUMBIA SPECIAL FD. IRA				X									X																	
	GATEWAY INDEX FD IRA				X									X																	
	KAUFMANN FUND IRA (NOW FEDERATED FUNS IRA)				X									X																	
	OHIO PUBLIC EMPLOYEE DEFERRED COMP. FUND						X																								
	OHIO PERS					X																									
	BIO REFERENCE LABS COM ST			X										X								X									P
	CCA INDUSTRIES COM ST			X										X								X									P
	DATRONIKS INC COM ST			X										X								X									P
	ENCORE ACQUISITION COM ST			X										X								X									P
	FINISH LINE INC COM ST			X										X								X									P
	GULF ISLAND FABRICATION COM ST			X										X								X									P
	K-SWISS INC COM ST			X										X								X									P
	MARINE PRODUCTS CORP COM ST			X										X								X									P
	MATRIX SERVICE CO COM ST			X										X								X									P
	MEDICAL ACTION INDS INC COM ST			X										X								X									P
	MERIT MEDISTS INC COM ST			X										X								X									P
	MULTI COLOR CORP COM ST			X										X								X									P
	SIGMATRON INTL INC COM ST			X										X								X									P
	SPORTSMANS GUIDE INC COM ST			X										X								X									P

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SCHEDULE IV — TRANSACTIONS

Name STEVEN J CHABOT | Page 6 of 10

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SP DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-04		X								
	JANUS FUND		X		4/28/04		X								
	VANGUARD 500 INDEX FUND		X		4/28/04		X								
	VANGUARD TOTAL MARKET FUND		X		4/28/04		X								
	COCA COLA COMMON STOCK		X		6/14/04		X								
	PEPSI COMMON STOCK		X		6/14/04	X									
	DISNEY COMMON STOCK		X		6/14/04	X									
	BIO REFERENCE LABS COM STOCK	X			7/27/04	X									
	CCA INDUSTRIES COM STOCK	X			7/27/04	X									
	DAKTRONICS INC COM STOCK	X			7/27/04	X									
	ENCORE ACQUISITION CO COM STOCK	X			7/27/04	X									
	FINISH LINE INC COM STOCK	X			7/27/04	X									
	GULF ISLAND FABRICATION COM STOCK	X			7/27/04	X									
	K-SWISS INC COM STOCK	X			7/27/04	X									
	MARINE PRODUCTS CORP COM STOCK	X			7/27/04	X									
	MATRIX SERVICE CO COM STOCK	X			7/27/04	X									
	MEDICAL ACTION INDS INC COM STOCK	X			7/27/04	X									

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Name STEVEN J CHABOT Page 2 of 10

SCHEDULE IV — TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	MERIT MED SYS INC COM STOCK	X			7/27/04	X									
	MULT COLOR CORP COM STOCK	X			7/27/04	X									
	SIGMATRON INTL INC COM STOCK	X			7/27/04	X									
	SPORTSMANS GUIDE INC COM STOCK	X			7/27/04	X									

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Name STEVEN J CHABOT | Page X of 16

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
NONE		

Use additional sheets if more space is required.

Name STEVEN J CHABOT | Page 9 of 10

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
JUMPTY JUMPTY INSTITUTE	5/6 + 5/7	WASH DC - NEW YORK - CINCINNATI (UNITED NATIONS)	Y	Y	N	N
PAKISTAN - ISAYAT BEGUM FOUNDATION INDIA - JUBILEE CAMPAIGN, USA TAIWAN - CHINESE INT. ECON. COOP. ASSN.	1/3 - 1/15	WASH DC - PAKISTAN - INDIA - TAIWAN - CINCINNATI	Y	Y	N	Y 1/11/04
PROJECT INTERCHANGE - AMERICAN JEWISH COMMITTEE	11/6 - 11/12	CINCINNATI - AMMAN, JORDAN - ISRAEL - CINCINNATI	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
DEC 85 - 94 PAID INTO	OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS)	UPON RETIREMENT
MAY 90 - DEC PAID INTO '94	" " " DEFERRED COMP.	AT AGE 55

GPO 2005 90-729 (7/96)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 11 AM 9:36
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only) MC

Honorable Albert Benjamin Chandler, III
(Full Name)

975 Pisgah Pike Versailles, KY 40383
(Mailing Address)

202-225-4706
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: KY District: 06	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Ben Chandler	5/10/05

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Honorable Albert Benjamin Chandler, III

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year
JT	Woodford Sun, Inc. Stock Versailles, KY Newspaper	$15,001-$50,000	Dividends	$1,001-$2,500	
JT	Polly Place Farm, Inc. Stock 191 Elm St., Versailles, KY (300 acre farm)	$100,001- $250,000	Dividends	$2,501-$5,000	
JT	Lipid Sciences, Inc. Stock	$15,001-$50,000	Other: (Please specify)NA	NONE	
JT	JP Morgan stock	$1,001-$15,000	Dividends	$1 - $200	
	KY Public Employees Deferred Compensation Account	$50,001 - $100,000	NA	NONE	
	KY Retirement Systems Account	$50,001 - $100,000	NA	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Honorable Albert Benjamin Chandler, III

JT	Rental Unit, 975 Pisgah Pike, Versailles, KY	$15,001-$50,000	Rental	$2,501 - $5,000	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Honorable Albert Benjamin Chandler, III

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Australian Government; American Australian Association	Nov. 3-14, 2004	Lexington, KY - Sydney, Australia - Melbourne, Australia - Cairns, Australia - Sydney, Australia - Lexington, KY	Y	Y	Y	6 days
International Management and Development Institute	April 11-18, 2004	Lexington, KY - Moscow - Vienna - Budapest - Lexington, KY	Y	Y	Y	N

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 10 PM 1:30
OFFICE OF THE CLERK
MC
(Office Use Only)

DONNA M. CHRISTENSEN
(Full Name)

1510 LONGWORTH HOB
WASHINGTON, DC 20515
(Mailing Address)

Daytime Telephone 202-225-1790

Filer Status: [X] Member of the U.S. House of Representatives — State/District: VIRGIN ISLANDS AT LARGE — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [✓]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [✓]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [✓]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [✓]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [✓]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [✓]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [✓]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [✓]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [✓]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [✓]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [✓]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5-9-2005

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
ARMED FORCES RETIREMENT PENSION	SPOUSE	NA
SURVIVOR BENEFITS	SPOUSE	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name DONNA M. CHRISTENSEN	Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
THE MEDICAL HERALD, INC	SPEECH	4-1-2004	$1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	Block B	Block C	Block D	Block E
SP, DC, JT	Block A	Block B	Block C	Block D	Block E
SP	Mega Corp. Stock	A: None; E: X	DIVIDENDS: X	I: None	P
	Simon & Schuster	B: Indefinite	Other Type of Income (Specify. For Example, Partnership Income or Farm Income): Royalties	X: $15,001 – $50,000	
	1st Bank of Paducah, KY accounts	F: X	INTEREST: X	VII: $5,001 – $15,000	
	OFFICE BUILDING 102 EST. RICHMOND, V.I.	G: ✓	RENT: ✓	VIII: $15,001 – $50,000	
	THREE BEDROOM CONDO EST. QUESTA VERDE, V.I.	E: ✓		I: None	
	.197 ACRES OF LAND 40ED EST. LAGRANGE, V.I.	D: ✓		I: None	

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name DONNA M. CHRISTENSEN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
	NONE														

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless this rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP DC JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	V.I. COMMUNITY BANK, VIRGIN ISLANDS	MORTGAGE: 102 EST. RICHMOND U.S. VIRGIN ISLANDS				✓						
	V.I. COMMUNITY BANK, VIRGIN ISLANDS	BUSINESS LOAN	✓									
	FIRST BANK, VIRGIN ISLANDS	MORTGAGE: VIRGIN ISLANDS #E31 EST. QUESTA VERDE		✓								
	U.S. TREASURY	TAXES		✓								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives; gifts of personal hospitality of an individual, local means, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$280

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
PFIZER FOUNDATION	1/30/04 TO 2/3/04	DCA-STX-PR-STX-DCA	Y	N	N	N
MULTI CULTURAL CARIBBEAN UNITED AGAINST HIV & AIDS	MARCH 4-5	DCA-MIAMI-SANTO DOMINGO SANTO DOMINGO- SJU-STX	Y	N	N	N
THE MEDICAL HERALD	APRIL 1-2	DC-NEW YORK- DC	Y	N	N	N
PHARMACEUTICAL RESEARCH & MANUFACTURING OF AMERICA	APRIL 2-3	NEW YORK-FLORIDA-ST.CROIX	Y	N	N	N
U.S. BRAZIL BUSINESS COUNCIL	APRIL 11-17	ST.CROIX- BRAZIL-ST.CROIX	Y	Y	Y	N
WOMEN'S MISSIONARY SOCIETY	APRIL 23-24	DCA-CHATTANOOGA-ST.THOMS	Y	N	N	N
NORFOLK STATE UNIVERSITY	MAY 7-9	NEW YORK-NORFOLK-DCA	Y	N	N	N
DUKE UNIVERSITY MEDICAL CENTER	MAY 11-12	DCA-NORTH CAROLINA-DCA	Y	N	N	N
HARVARD UNIVERSITY CIVIL RIGHTS PROJECT	MAY 18	DCA-BOSTON-DCA	N	N	N	N
INTER AMERICAN ECONOMIC COUNCIL	MAY 24-25	STX-MIAMI-ST.THOMAS	Y	Y	N	N
AMERICAN LEGACY FOUNDATION	JULY 9-10	DCA-MIAMI-DCA	Y	N	N	N
WINSTON SALEM STATE UNIVERSITY	9-28-2004	DCA-GREENSBORO-DCA	N	N	N	N
CARIB NEWS	NOV 4-7	STX-ST.KITTS-SAN JUAN P.R.	Y	Y	Y	N
ASSOCIATION OF BLACK CARDIOLOGIST	NOV 7-8	SJU-MIAMI-NEW ORLEANS-STT	Y	N	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2005 98-729 (mau)

Use additional sheets if more space is required.

HAND DELIVERED

2005 MAY 16 PM 5:29

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Representative Wm. Lacy Clay
(Full Name)

6251 Sdan Bonita Avenue Saint Louis, MO 63105 (202) 225-2406
(Mailing Address) Daytime Telephone

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: MO, District: 01	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☑ No ☐	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Wm. Lacy Clay	5-16-05

SCHEDULE I - EARNED INCOME

Name Representative Wm. Lacy Clay

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Saint Louis Development Corporation	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Representative Wm. Lacy Clay

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	State of MO Deferred Compensation Plan	$1,001 - $15,000		NONE	
SP	St. Louis Dev. Corp. Employee Retirement Plan (General American)	$15,001 - $50,000		N/A	
SP	First Community Credit Union	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Representative Wm. Lacy Clay

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
U.S. Business Council	April 11 - 17, 2004	Wash.,(DULLES)--Rio de Janeiro - San Paulo- Brasilia- Salvador - Washington (DULLES)	Y	Y	N	N
The Congressional Program of the Aspen Institute	June 27 - July 2, 2004	Wash., DC - Lausanne, Switzerland - Wash., DC	Y	Y	Y	N

Wm. LACY CLAY
1ST DISTRICT, MISSOURI

COMMITTEES
FINANCIAL SERVICES
GOVERNMENT REFORM

Ranking Member,
SUBCOMMITTEE ON TECHNOLOGY,
INFORMATION POLICY,
INTERGOVERNMENTAL RELATIONS
AND THE CENSUS

Web Site: www.house.gov/clay/
E-Mail: www.house.gov/wmcrep/

Congress of the United States
House of Representatives
Washington, DC 20515–2501

131 Cannon House Office Building
Washington, DC 20515
(202) 225–2406
(202) 225–1725 Fax

625 North Euclid, Suite 200
St. Louis, MO 63108
(314) 367–1970
(314) 367–1341 Fax

8525 Page Boulevard
St. Louis, MO 63114
(314) 890–0349
(314) 427–6320 Fax

May 16, 2005

Committee on Standards and Official Conduct
U.S. House of Representatives

To Whom It May Concern:

The amended "Member/Officer Travel Disclosure Form" is attached to show the corrected name of the Sponsor who paid for the trip. The Sponsor's name was incorrectly written in by my employee last year. The mistake was discovered during routine reading of paperwork for the completion of the disclosure form for calendar year 2004.

Thank you for your understanding.

Sincerely,

Wm. Lacy Clay

Wm. Lacy Clay
Member of Congress

PRINTED ON RECYCLED PAPER

___ *Original* ✓ *Amendment*

U.S. House of Representatives

MEMBER/OFFICER TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately funded travel on the annual Financial Disclosure Statements of those persons required to file them. In accordance with clause 5 of House Rule 25, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 30 days after travel is completed. The Clerk is to make these forms available to the public as soon as possible after they are filed. *Obtain the dollar amounts from the sponsor; if exact dollar amounts are unavailable, provide a good faith estimate.*

Name of Member or Officer (print or type): Rep. Wm. Lacy Clay

Name of accompanying family member (if any): _____

Relationship to Member/Officer (check one): ____ spouse ____ child

Dates of Travel: April 11 - 17, 2004

Dates at personal expense: _____

Itinerary (Point of departure – destination – return): Washington (Dulles) - Rio de Janeiro - Sao Paulo - Brasilia - Salvador - Washington (Dulles)

Sponsor (Who paid for the trip): U.S. Business Council

Purpose of Trip: Fact finding mission; meetings with government and business officials; conference participant

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses
For Member or Officer:	$7,811.00	$738.00	$261.00
For accompanying spouse or child:			

	Other expenses (dollar amount)	Nature of expenses (e.g., taxi, parking, registration fee, etc.)
For Member or Officer:		
For accompanying spouse or child:		

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER OR OFFICER: Wm Lacy Clay DATE: 5-16-05

Version date 4/2003 by Committee on Standards of Official Conduct

SCHEDULE VIII - POSITIONS

Name Representative Wm. Lacy Clay

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	William Lacy Clay Scholarship and Research Fund
Director	Congressional Black Caucus Foundation, Inc
Director	Project Vote Smart

SCHEDULE IX - AGREEMENTS

Name Representative Wm. Lacy Clay

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
2/5/02	William Lacy Clay and Jeff Eisenberg and Associates	Affiliation is for the sole purpose of maintaining real estate license; no compensation is received and name is not used on letterhead or other materials

Wm. LACY CLAY
1ST DISTRICT, MISSOURI

COMMITTEES
FINANCIAL SERVICES
GOVERNMENT REFORM
Ranking Member,
SUBCOMMITTEE ON TECHNOLOGY
INFORMATION POLICY,
INTERGOVERNMENTAL RELATIONS
AND THE CENSUS

Web Site: www.house.gov/clay/
E-Mail: www.house.gov/write/clay

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Congress of the United States
House of Representatives
Washington, DC 20515–2501

131 Cannon House Office Building
Washington, DC 20515
(202) 225–2406
(202) 225–1725 Fax

625 North Euclid, Suite 200
St. Louis, MO 63108
(314) 367–1970
(314) 367–1341 Fax

8525 Page Boulevard
St. Louis, MO 63114
(314) 890–0349
(314) 427–6320 Fax

May 17, 2005

Clerk of the House
United State House of Representatives
B106 Cannon House Office Building
Washington, DC 20515

MC

Dear Sir:

Please amend my Financial Disclosure Form for 2004 to eliminate "schedule IX". I no longer have a reportable entity for Schedule IX because I had my real estate license placed in an inactive status at the end of 2003. A copy of the certificate verifying this action by the State of Missouri is attached.

Thank you for your assistance.

Sincerely,

Wm. Lacy Clay

Wm. Lacy Clay
Member of Congress

Enclosure

LEGISLATIVE RESOURCE CENTER
2005 MAY 17 PM 4:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

PRINTED ON RECYCLED PAPER

State of Missouri

VOID

WILLIAM L CLAY, JR
6251 SAN BONITA AVE
SAINT LOUIS MO 63105
USA

NOTICE! Please be advised, the appearance of the license has changed.

State of Missouri

Department of Economic Development
Division of Professional Registration
Missouri Real Estate Commission
Inactive Salesperson

VALID THROUGH SEPTEMBER 30, 2006
ORIGINAL CERTIFICATE/LICENSE NO. 1999057828

WILLIAM L CLAY, JR
6251 SAN BONITA AVE
SAINT LOUIS MO 63105
USA

EXECUTIVE DIRECTOR

DIVISION DIRECTOR

LEGISLATIVE RESOURCE CENTER
2005 MAY 13 AM 9:34
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Emanuel Cleaver, II
(Full Name)

8217 E. Gregory Kansas City, MO 64133
(Mailing Address)

202-225-4535
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: MO District: 5th	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ✓	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	No ✓
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Emanuel Cleaver	MAY 12, 2005

690

SCHEDULE I - EARNED INCOME

Name Emanuel Cleaver, II

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
ST. JAMES PASEO UNITED METHODIST CHURCH; KANSAS CITY, MISSOURI	SALARY	$59,254
UNIVERSITY OF MISSOURI; KANSAS CITY, MISSOURI	SALARY	$1,501
SCHOOL DISTRICT OF KANSAS CITY, MISSOURI; KANSAS CITY, MISSOURI	SPOUSE SALARY	N/A
ST. JAMES PASEO UNITED METHODIST CHURCH; KANSAS CITY, MISSOURI	SON - SUMMER EMPLOYMENT	N/A
BLACK & VEATCH CORP, OVERLAND PARK, KANSAS	CONSULTING INCOME	$33,935
CLEVELAND CHIROPRACTIC COLLEGE; KANSAS CITY, MISSOURI	HONORARIA	$500
MO ANN CONF OF THE UMC	HONORARIA	$1,000
HALL FAMILY FOUNDATION; KANSAS CITY, MISSOURI	SPOUSE HONORARIA	$1,500
SOUTHEASTERN JURISDICTIONAL ADMINISTRATIVE COUNCIL; ST. SIMONS ISLAND	HONORARIA	$1,500
MARTIN LUTHER KING EVENT; ST LOUIS, MISSOURI	HONORARIA	$1,500
LOUISIANA CONFERENCE, ALEXANDRIA, LA	HONORARIA	$2,000
HOLY BOLDNESS CONFERENCE; ST. LOUIS, MISSOURI	HONORARIA	$1,000

SCHEDULE I - EARNED INCOME

Name Emanuel Cleaver, II

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
WESTERN BIBLE COLLEGE; KANSAS CITY, MISSOURI	HONORARIA	$350
FIRST BAPTIST CHURCH,;KANSAS CITY, KANSAS	HONORARIA	$500
ST. LUKE'S UNITED METHODIST CHURCH; DALLAS, TX	HONORARIA	$3,000
THE NORTHERN TRUST COMPANY	PENSION INCOME	$17,800
NEW ENGLAND FINANCIAL VARIABLE ANNUITIES	ROLLOVER AND SIMPLE IRA DISTRIBUTIONS	$15,184
SSR MONEY MARKET	SPOUSE IRA DISTRIBUTION	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year
SP	LOOMIS GROWTH FUND - B (SIMPLE - IRA)	$1,001 - $15,000	INTEREST	NONE	
SP	STAR GROWTH FUND - B (SIMPLE - IRA)	$1,001 - $15,000	INTEREST	NONE	
SP	CASH MGMT TRUST MONEY MARKET SRS B (SIMPLE - IRA)	$1,001 - $15,000	INTEREST	NONE	
JT	GENERAL ELECTRIC	$1,001 - $15,000	DIVIDENDS	NONE	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

JT	THE CLEAVER CO., LLC; GRANDVIEW, MISSOURI; THE GRANDVIEW AUTO WASH (AUTO LAUNDRY BUSINESS)	$100,001 - $250,000	PARTNERSHIP INCOME	NONE	
	THE NORTHERN TRUST CO. FBO, K.C, MO EMPLOYEES; KANSAS CITY, MISSOURI	$250,001 - $500,000	Other: (PENSION INCOME)	$5,001 - $15,000	
	GENERAL BOARD OF PENSION AND HEALTH BENEFITS OF THE UNITED METHODIST CHURCH - MINISTERIAL PENSION PLAN	$100,001 - $250,000	Other: (PENSION INCOME)	$2,501 - $5,000	
	GENERAL BOARD OF PENSION AND HEALTH BENEFITS OF THE UNITED METHODIST CHURCH - PERSONAL INVESTMENT PLAN - MULTIPLE ASSET FUND	$15,001 - $50,000	Other: (PENSION INCOME)	$201 - $1,000	
	GENERAL BOARD OF PENSION AND HEALTH BENEFITS OF THE UNITED METHODIST CHURCH - PERSONAL INVESTMENT PLAN - STABLE VALUE FUND	$15,001 - $50,000	Other: (PENSION INCOME)	$201 - $1,000	
SP	KANSAS CITY, MO SCHOOL DISTRICT	$1,001 - $15,000	Other: (PENSION INCOME)	NONE	
	FI VALUE LEADERS FUND (ROLLOVER)	$1,001 - $15,000	Other. (INDIVIDUAL RETIREMENT ACCOUNT)	NONE	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

	SMALL CAP FUND (ROLLOVER)	$1,001 - $15,000	Other: (INDIVIDUAL RETIREMENT ACCOUNT)	NONE	S
	SSR LARGE CAP GROWTH FUND (ROLLOVER)	$1,001 - $15,000	Other (INDIVIDUAL RETIREMENT ACCOUNT)	NONE	S
	DAVIS VENTURE VALUE FUND (ROLLOVER)	$1,001 - $15,000	Other (INDIVIDUAL RETIREMENT ACCOUNT)	NONE	S
	MFS INVESTORS TRUST (ROLLOVER)	$1,001 - $15,000	Other: (INDIVIDUAL RETIREMENT ACCOUNT)	NONE	S
	MFS RESEARCH MANAGER (ROLLOVER)	$1,001 - $15,000	Other: (INDIVIDUAL RETIREMENT ACCOUNT)	NONE	S
	VARIOUS FUNDS ALL LESS THAN $1,000 EACH (SIMPLE)	$1,001 - $15,000	Other: (INDIVIDUAL RETIREMENT ACCOUNT)	NONE	S
SP	ZENITH EQUITY (ROLLOVER)	$15,001 - $50,000	Other: (INDIVIDUAL RETIREMENT ACCOUNT)	NONE	
SP	SSR MONEY MARKET (ROLLOVER)	$1,001 - $15,000	Other: (INDIVIDUAL RETIREMENT ACCOUNT)	NONE	

SP	FI STRUCTURED EQUITY (ROLLOVER)	$15,001 - $50,000	Other: (INDIVIDUAL RETIREMENT ACCOUNT)	NONE	
SP	SMALL CAP (ROLLOVER)	$15,001 - $50,000	Other: (INDIVIDUAL RETIREMENT ACCOUNT)	NONE	
SP	EQUITY GROWTH (ROLLOVER)	$15,001 - $50,000	Other: (INDIVIDUAL RETIREMENT ACCOUNT)	NONE	
SP	DAVIS VENTURE VALUE (ROLLOVER)	$15,001 - $50,000	Other: (INDIVIDUAL RETIREMENT ACCOUNT)	NONE	
SP	SSR MONEY MARKET ACCOUNT	$1,001 - $15,000	Other: (INDIVIDUAL RETIREMENT ACCOUNT)	NONE	S

SCHEDULE IV - TRANSACTIONS

Name Emanuel Cleaver, II

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	GENERAL ELECTRIC	S	10/11/04	$1,001 - $15,000
	FI VALUE LEADERS FUND (ROLLOVER)	S	10/31/04	$1,001 - $15,000
	SMALL CAP FUND (ROLLOVER)	S	10/31/04	$1,001 - $15,000
	SSR LARGE CAP GROWTH FUND (ROLLOVER)	S	10/31/04	$1,001 - $15,000
	DAVIS VENTURE VALUE FUND (ROLLOVER)	S	10/31/04	$1,001 - $15,000
	VARIOUS FUNDS ALL LESS THAN $1,000 EACH (SIMPLE - IRA)	S	10/31/04	$1,001 - $15,000
	MFS INVESTORS TRUST (ROLLOVER)	S	10/31/04	$1,001 - $15,000
	MFS RESEARCH MANAGER (ROLLOVER)	S	10/31/04	$1,001 - $15,000
SP	SSR MONEY MARKET ACCOUNT	S	12/31/04	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Emanuel Cleaver, II

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	CO-SIGNED FOR WILLORIS McNEEL (NIECE)	STUDENT LOAN	$10,001 - $15,000

SCHEDULE VIII - POSITIONS

Name Emanuel Cleaver II

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	JAZZ DISTRICT REDEVELOPMENT COMMITTEE
BOARD MEMBER	AMERICAN JAZZ MUSEUM
BOARD MEMBER/OFFICER	THE CLEAVER COMPANY, LLC
BOARD MEMBER	THE MIDWEST RESEARCH INSTITUTE
BOARD MEMBER	UMKC BOARD OF TRUSTEES
BOARD MEMBER	BRUSH CREEK PARTNERS

HAND DELIVERED

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MC

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

James E. Clyburn
(Full Name)

1703 Gervais Street Columbia, SC 29201 — 803-799-1100
(Mailing Address) — Daytime Telephone:

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: SC — District: 6th	☐ Officer Or Employee — Employing Office:	**A $200 penalty shall be assessed against anyone who files more than 30 days late.**
Report Type	☑ Annual (May 15) ☐ Amendment ☐ Termination	Termination Date:	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☑ No ☐	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☑ No ☐
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☑ No ☐

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	James E. Clyburn	6/13/05

700

SCHEDULE I - EARNED INCOME

Name James E. Clyburn

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
South Carolina Retirement System (This income is not subject to the outside earned income limit)	Retirement from the State of South Carolina	$49,920
U.S. Department of Veterans Affairs	Retirement Income	N/A

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name James E. Clyburn

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Cruise Industry Charitable Foundation, Inc, Arlington, V.A.	Grant	Aug. 25, 2004	$5,000
St. Luke A.M.E. Church, Johnsonville, S.C.	Speech	Nov. 21, 2004	$300

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James E. Clyburn

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Fort Jackson Federal Credit Union	$1 - $1,000	INTEREST	$1 - $200	
	South Carolina State Credit Union	$1 - $1,000	INTEREST	$1 - $200	
	Bank of America	$1,001 - $15,000	INTEREST	$1 - $200	
	SCANA Corporation	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	
	Automated Data Processing	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Bank of America	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James E. Clyburn

	645-47 W. Liberty Street Sumter, SC (50% ownership)	$50,001 - $100,000	RENT	$2,501 - $5,000	
	Bank of America	$15,001 - $50,000	IRA	NONE	
	Merrill Lynch, Columbia, SC	$15,001 - $50,000	IRA	NONE	
	Investment Entrepreneurs, LLC (10% Investment) Commerce Business Plaza Conway, S.C.	$100,001 - $250,000	Other: (Please specify) No Income	NONE	
	Wright-Patman Congressional Federal Credit Union	$1 - $1,000	INTEREST	$1 - $200	

SCHEDULE V - LIABILITIES

Name James E. Clyburn

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Countrywide Funding, Van Nuys, CA	609 Santee Drive Santee, S.C.	$100,001 - $250,000
	NBSC Columbia, S.C.	Mortgage on 645-47 Liberty St. Sumter, S.C. (50% interest)	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James E. Clyburn

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Burlington Northern Sante Fe Railway	Jan. 14-16	Columbia, S.C.--Santa Fe, NM--Solana Beach, CA	Y	Y	Y	N/A
Assoc. Of American Railroads	Jan. 16-18	San Diego, CA--Columbia, S.C.	Y	Y	Y	N/A
Washington and Lee University	Jan. 30-31	Columbia, S.C.--Roanoke, V.A.--Columbia, S.C.	Y	Y	N	N/A
Maritime Trades Dept./AFL-CIO	Mar. 4-6	Wash., D.C.--Ft. Lauderdale, FL--Columbia, S.C.	Y	Y	N	N/A
S.C. State University's Alumni Chapter/Macon, GA	April 3-4	Wash., D.C.--Macon, G.A.--Columbia, S.C.	Y	Y	N	N/A
Murray State University	April 14-15	Savannah, G.A.--Nashville, TN--Washington, D.C.	Y	Y	N	N/A
National Cable & Telecommunications Assoc	May 2-4	Columbia, S.C.--New Orleans, LA--Washington, D.C.	Y	Y	Y	N/A
American Legacy Foundation	July 10-11	Columbia, S.C.--Miami, FL--Columbia, S.C.	Y	Y	N	N/A
Jackson State University	Sept. 20-21	Columbia, S.C.--Jackson, MS--Wash., D.C.	Y	Y	N	N/A
Assoc. Of American Railroads	Nov. 7-10	Columbia, S.C.--West Palm Beach--Ft. Lauderdale--Wash., D.C.	Y	Y	N	N/A

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James E. Clyburn

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Greater Fairbanks Branch of Nat'l Assn for the Advancement of Colored People	Nov. 11-14, 2004	Wash., D.C.--Fairbanks, Alaska--Wash., D.C.	Y	Y	N	N/A

SCHEDULE VIII - POSITIONS

Name James E. Clyburn

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Allen University
Trustee	Brookgreen Gardens
Board Member	CBC PAC
Board Member	CBC Political Education & Leadership Institute
Board Member	Palmetto Conservation Foundation
Steering Committee	International African American Museum

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 3:45

(Office Use Only)

John Howard Coble
(Full Name)

5741-L Bramblegate Road Greensboro, NC 27409
(Mailing Address)

202.225.3065
Daytime Telephone

Filer Status	✓ Member of the U.S. House of Representatives	State: NC District: 06	Officer Or Employee / Employing Office
Report Type	✓ Annual (May 15)	Amendment	Termination / Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes	No ✓
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ✓	No
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ✓	No
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ✓	No
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes	No ✓
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	No ✓
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes	No ✓
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ✓	No
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	No ✓

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	No ✓
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	J. Howard Coble	5-16-05

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name John Howard Coble

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Diageo, North America	Participated in the Fifth Annual Guinness Congressional Perfect Pint Challenge	March 17, 2004	$500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Howard Coble

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Time-Warner Common Stock	$1 - $1,000	DIVIDENDS	NONE	S
Cienna Common Stock	$1 - $1,000	DIVIDENDS	NONE	S
Bank of America Common Stock	$1 - $1,000	DIVIDENDS	NONE	P
BB&T Large Company Value A Mutual Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
BB&T Large Company Value B Mutual Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200	
BB&T Mid Cap Growth A Mutual Fund (previously named BB&T Growth & Income Fund)	$15,001 - $50,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Howard Coble

BB&T Mid Cap Growth B Mutual Fund (previously named BB&T Growth Income Fund	$1,001 - $15,000	DIVIDENDS	NONE	
BB&T Mid Cap Value A Mutual Fund (previously named BB&T Mid Cap Growth Fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
BB&T Mid Cap Value B Mutual Fund	$15,001 - $50,000	DIVIDENDS	$1 - $200	
BB&T NC Intermediate Tax Free Investment Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
BB&T Bank Savings Account	$15,001 - $50,000	INTEREST	$201 - $1,000	Other
Wright Patman Federal Credit Union Savings Account	$100,001 - $250,000	INTEREST	$2,501 - $5,000	
Wachovia Cap Asset Management Account	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Federated Bond Mutual Fund	$1,001 - $15,000	DIVIDENDS	NONE	
Federated Large Cap Growth Mutual Fund	$1,001 - $15,000	DIVIDENDS	NONE	
Federated American Leaders Mutual Fund	$1,001 - $15,000	DIVIDENDS	NONE	
Bank of America Checking Account	$1,001 - $15,000	INTEREST	$1 - $200	
Bank of North Carolina Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
Jefferson-Pilot Insurance Fixed Annuity	$1,001 - $15,000	DIVIDENDS	NONE	
Jefferson-Pilot Insurance Variable Annuity #1	$1,001 - $15,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Howard Coble

Jefferson-Pilot Insurance Variable Annuity #2	$15,001 - $50,000	DIVIDENDS	NONE	
Allmerica Insurance Annuity	$15,001 - $50,000	DIVIDENDS	NONE	S
MassMutual Insurance Flex Extra Annuity (previously named MassMutual Insurance Annuity) #1	$50,001 - $100,000	DIVIDENDS	NONE	
MassMutual Insurance Transitions Annuity	$15,001 - $50,000	DIVIDENDS	NONE	P
MassMutual Insurance Annuity #2	$1,001 - $15,000	DIVIDENDS	NONE	
Phoenix Home Insurance Annuity	$15,001 - $50,000	DIVIDENDS	NONE	
State Employees Credit Union Savings Account	$1,001 - $15,000	INTEREST	$1 - $200	
Merrill Lynch Cash Management Account	$100,001 - $250,000	DIVIDENDS	$201 - $1,000	PS
Merrill Lynch IRA	$15,001 - $50,000	DIVIDENDS	$1 - $200	PS
78 acre farm, Henry County, Virginia	$50,001 - $100,000	na	na	
House, Watauga County, North Carolina	$100,001 - $250,000	na	na	
Lexington State Bank Stock	$1,001 - $15,000	INTEREST	$1 - $200	
Sterling South Bank Stock	$1,001 - $15,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Howard Coble

Van Kampen Enterprise Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Van Kampen Emerging Growth Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
New World Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Washington Mutual Investors Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
Capital World Growth and Income Mutual Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
Yadkin Valley Bank and Trust Stock (merged with High Country Bank)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
TransAmerica Insurance Non-Qualified Annuity #1	$1,001 - $15,000	DIVIDENDS	NONE	
TransAmerica Insurance Non-Qualified Annuity #2	$1,001 - $15,000	DIVIDENDS	NONE	
Fidelity & Guaranty Insurance Annuity	$1,001 - $15,000	DIVIDENDS	NONE	P
Dreyfuss Premier Worldwide Growth Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE IV - TRANSACTIONS

Name John Howard Coble

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Allmerica Insurance Annuity	S	12-02-04	$15,001 - $50,000
	MassMutual Insurance Transitions Annuity	P	12-02-04	$15,001 - $50,000
	Merrill Lynch Cash Management Account	PS	various (see attached)	various (see attached)
	Fidelity & Guaranty Insurance Annuity	P	01-01-04	$1,001 - $15,000
	BB&T Bank Savings Account	Other	06-01-04	$15,001 - $50,000
	Merrill Lynch IRA	PS	various (see attached)	various (see attached)
	Capital World Growth and Income Mutual Fund	P	09-22-04	$1,001 - $15,000
	Washington Mutual Investors Mutual Fund	S	09-22-04	$1,001 - $15,000

SCHEDULE VIII - POSITIONS

Name John Howard Coble

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Visitors	Guilford College, Greensboro, North Carolina
Member, Congressional Advisory Board	Greensboro College, Greensboro, North Carolina
Member, Board of Visitors	United States Coast Guard Academy, New London, Connecticut
Member, Congressional Advisory Board	DECA: An Association of Marketing Students, Reston, Virginia
Member, Congressional Advisory Board	American Conservative Union, Alexandria, Virginia

CMA® ACCOUNT

Total Account Value As Of 12/31/2003 $162,578.27

MR J HOWARD COBLE
2102 N ELM ST
STE B
GREENSBORO NC 27408

YOUR FINANCIAL ADVISOR:
ROBERT C KETNER
Robert_Ketner@ml.com
(336) 333-7423

FOR CUSTOMER SERVICE QUESTIONS:
1-800-MERRILL (1-800-637-7455)

Your Merrill Lynch Office:
800 GREEN VALLEY RD, SUITE 400
GREENSBORO NC 27408

Review Your Statement Online at:
www.mlol.ml.com

Monthly Portfolio Summary

Asset	11/28/03 Value	%	12/31/03 Value	%
Cash/Money Accounts	263	*	292	*
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	84,170	53	84,193	52
Mutual Funds	74,853	47	78,092	48
Options				
Other				
*-Less than 1 %				
Long Market Value	159,287		162,578	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	159,287		162,578	

Income Summary

	This Statement	Year-to-Date
Tax-Exempt Funds		
Tax-Exempt Interest		
Reportable Interest	.09	3.78
Reportable Dividends	294.75	631.94
Income Not Reported		
Total	294.84	635.72

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 111,821 Loan Value of Securities 111,520

NEWS

See enclosed newsletter for details on an important change in supplemental coverage that provides your account protection in excess of the amounts afforded by the Securities Investor Protection Corporation.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
S&P 500	1111.92	1058.20	879.82
Three-Month Treasury Bills	.92%	.92%	1.19%
Long-Term Treasury Bonds	5.08%	5.13%	4.78%
One-Month LIBOR	1.12%	1.17%	1.38%
NASDAQ	2003.37	1960.28	1335.51

MAY-10-2003 14:30 MERRILL LYNCH 336 574 4651 P.08/13

CMA® ACCOUNT

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date
Opening Balance Cash & Money Accounts	263.95	
Net Credits & Debits	28.22	1,267.80DR
Closing Balance Cash & Money Accounts	292.17	

Credits	This Statement	Year-to-Date
Sales		6,871.19
Income	294.84	635.72
Funds Received		
Electronic Tfrs		
Other		3,500.00
Total Credits	294.84	11,006.91

Debits	This Statement	Year-to-Date
Purchases		8,376.74
Withdrawals		
Electronic Tfrs		
Interest Charged		6.35
Other	266.62	3,891.62
Total Debits	266.62	12,274.71

Bank Deposit Interest Summary

Money Account Description	Opening Balance	Average Deposit Balance	Current Yield %	Interest on Deposits	Closing Balance
Merrill Lynch Bank USA	248	275	.37	0.09	292
Total ML Bank Deposit Program	248			0.09	292

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	.00	.00
Long-Term	.00	(2,907.51)

*Excludes transactions for which we have insufficient data.

The capital gains and losses shown above may not reflect all transactions which must be reported on your 2003 tax return. These reportable transactions will appear on your January statement.

Current Portfolio

Quantity	Security Description	Date Acquired	Adjust/Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
Cash and Money Accounts										
292	ML Bank Deposit Program		1.00	292	1.00	292			1	.37

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Adjust/Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
Equities											
100	ACXIOM CORP COM	ACXM		07/28/00	22.09	2,209	18.63	1,863	(346)		
125	** AMER EXPRESS COMPANY	AXP		07/24/01	38.90	4,863	48.23	6,028	1,165	50	.82
103	** AMGEN INC COM PV $0.0001	AMGN		04/12/01	32.17	3,313	61.79	6,364	3,050		
44	** AMGEN INC COM PV $0.0001			04/18/01	32.17	1,415	61.79	2,718	1,303		
147	Security Sub-Total					4,728		9,083	4,353		
200	** APPLIED MATERIAL INC	AMAT		11/27/01	22.05	4,411	22.44	4,488	76		
170	ATMEL CORP COM	ATML		09/19/00	18.98	3,226	6.01	1,021	(2,205)		
330	ATMEL CORP COM			08/20/02	3.02	997	6.01	1,983	985		
500	Security Sub-Total					4,224		3,005	(1,220)		
220	** BEA SYSTEMS INC COM	BEAS		11/27/01	19.45	4,281	12.30	2,706	(1,575)		
300	** BJS WHOLESALE CLUB INC	BJ		04/22/03	14.42	4,326	22.96	6,888	2,561		
190	** CORNING INC	GLW		04/18/01	26.19	4,976	10.43	1,981	(2,994)		
110	** E M C CORPORATION MASS	EMC		04/12/01	30.62	3,368	12.92	1,421	(1,947)		
45	** E M C CORPORATION MASS			04/18/01	38.48	1,732	12.92	581	(1,150)		
155	Security Sub-Total					5,100		2,002	(3,097)		
150	** HONEYWELL INTL INC DEL	HON		02/01/02	34.59	5,189	33.43	5,014	(174)	112	2.24
500	** KNIGHT TRADING GROUP INC	NITE		07/24/01	10.13	5,067	14.66	7,330	2,262		
130	** LEHMAN BROTHRS HLDGS COM	LEH		09/30/99	29.77	3,870	77.22	10,038	6,167	62	.62
415	** MICRON TECHNOLOGY INC	MU		04/22/03	9.76	4,050	13.47	5,590	1,539		
70	** RF MICRO DEVICES INC	RFMD		07/28/00	37.13	2,599	10.06	704	(1,895)		
625	SAVIENT PHARMACEUTICALS INC	SVNT		04/18/01	7.78	4,865	4.61	2,881	(1,984)		
270	** SCHWAB CHARLES CORP NEW	SCH		11/27/01	15.89	4,291	11.84	3,196	(1,094)	15	.47
230	TRANSMETA CORP	TMTA		04/19/01	21.39	4,920	3.40	782	(4,138)		
200	** WAL-MART STORES INC	WMT		07/19/88	11.18	2,237	53.05	10,610	8,372	72	.67

MR J HOWARD COBLE

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720

CMA® ACCOUNT

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Adjust/Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
Total Equities						76,215		84,193	7,978	312	.37

Current Portfolio

Quantity	Security Description	Total Client Investment	Cumulative Investment Return	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
Mutual Funds and Defined Asset Funds									
Equity Funds									
412	DAVIS NY VENTURE FD B (.1210 FRACTIONAL SHARE) INITIAL PURCHASE: 02/09/96	$5,019	$5,865	6,956 N/A	26.42 26.42	10,885 3	3,924 N/A		
1,450	DAVIS NY VENTURE FD A (.1430 FRACTIONAL SHARE) INITIAL PURCHASE: 10/10/97	$35,598	$4,305	36,226 N/A	27.52 27.52	39,904 3	3,673 N/A	268	.67 .67
1,722	PUTNAM VOYAGER FD CL A (.1680 FRACTIONAL SHARE) INITIAL PURCHASE: 07/24/01	$33,001	($5,708)	34,296 N/A	15.85 15.85	27,293 2	(7,002) N/A		
Total Equity Funds			$4,462	77,479		78,092	595	268	.34
Total Funds			$4,462	77,479		78,092	595	268	.34

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased and still held. Does not include shares purchased through reinvestment.
CUMULATIVE INVESTMENT RETURN: Estimated Market Value minus Total Client Investment. Cumulative Investment Return is the capital appreciation (depreciation) of all shares purchased, including shares purchased through reinvestment.

UNREALIZED GAIN or (LOSS): Estimated Market Value minus Total Cost Basis.
Provided for Tax Planning purposes only and is not applicable to retirement accounts "denoted by N/A"
INITIAL PURCHASE: Date of your initial investment in this fund.

Total of Long Portfolio	153,986*	162,578	8,573 *	581	.36

* - Excludes N/A Items

CMA® ACCOUNT

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
Security Transactions						
12/02	Dlvd Reinv	10	DAVIS NY VENTURE FD A REINV AMOUNT $266.41 REINV PRICE $26.43000 QUANTITY BOT 10.0800 AS OF 12/01			
Net Total						
Dividends and Interest						
12/02 *	Dividend		DAVIS NY VENTURE FD B			.21
12/02 *	Dividend		DAVIS NY VENTURE FD A			266.41
12/10 *	Dividend		HONEYWELL INTL INC DEL HOLDING 150 0000			28.13
12/31 D	Bank Interest		BANK DEPOSIT INTEREST			.09
Net Total						294.84
Other Activity						
12/02	Reinvestment		DAVIS NY VENTURE FD B		.21	
12/02	Dlvd Reinv		DAVIS NY VENTURE FD B REINV AMOUNT $.21 REINV PRICE $26.39000 QUANTITY BOT .0080 AS OF 12/01			
12/02	Reinvestment		DAVIS NY VENTURE FD A		266.41	
Net Total					266.62	

Monthly Activity

Date	Description	Deposits	Withdrawals	Date	Description	Deposits	Withdrawals
Money Account Transactions							
12/01 ML	Bank Deposit Program	15.00		Total		44.00	
12/15 ML	Bank Deposit Program	29.00		Net Total		44.00	

CMA® ACCOUNT

Tax Information Summary	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds		6,871.19

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

Customer Service For information about your account, please call 1-800-MERRILL (1-800-637-7455). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678.

RETIREMENT ACCOUNT

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date
Opening Balance Cash & Money Accounts	260.00	
Net Credits & Debits	05	14.39
Closing Balance Cash & Money Accounts	260.05	

Credits	This Statement	Year-to-Date
Sales		2,265.96
Income	29.77	232.31
Funds Received		
Electronic Tfrs		
Other		
Total Credits	29.77	2,498.27

Debits	This Statement	Year-to-Date
Purchases		2,248.81
Withdrawals		
Electronic Tfrs		
Other	29.72	235.07
Total Debits	29.72	2,483.88

Current Portfolio

Quantity	Security Description	Date Acquired	Adjust/Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
Cash and Money Accounts										
259	ML BANK USA RASP		1.00	259	1.00	259			1	.55

Equity Weighting by Economic Sector *

A - Health Care	4%	D - Consumer Discretionary	19%	G - Financials	45%	J - Energy	0%
B - Consumer Staples	0%	E - Industrials	0%	H - Telecommunications Services	0%	K - Unassigned	0%
C - Information Technology	32%	F - Materials	0%	I - Utilities	0%		

* Economic sectors conform to the Global Industry Classification Standard. See statement backer.

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Adjust/Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
Equities											
150	** APPLIED MATERIAL INC	AMAT	(C)	11/27/01	22.13	3,320	17.10	2,565	(755)		
225	ATMEL CORP COM	ATML	(C)	09/19/00	19.06	4,288	3.92	882	(3,406)		
175	** BEA SYSTEMS INC COM	BEAS	(C)	11/27/01	19.34	3,385	8.86	1,550	(1,834)		

FBO J HOWARD COBLE

Statement Period 12/01/04 TO 12/31/04

Account No. 746-88031

019014 0972

723

RETIREMENT ACCOUNT

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Adjust/Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
Equities											
165	** BJS WHOLESALE CLUB INC	BJ	(D)	04/22/03	14.50	2,393	29.13	4,806	2,412		
100	** LEHMAN BROTHRS HLDGS COM	LEH	(G)	09/30/99	29.83	2,983	87.48	8,748	5,764	64	.73
250	** MICRON TECHNOLOGY INC	MU	(C)	04/22/03	9.81	2,453	12.35	3,087	633		
350	SAVIENT PHARMACEUTICALS INC	SVNT	(A)	04/12/02	5.41	1,893	2.71	948	(945)		
215	** SCHWAB CHARLES CORP NEW	SCH	(G)	11/27/01	15.92	3,423	11.96	2,571	(852)	17	.68
Total Equities						24,144		25,159	1,017	81	.32

Research Ratings

Security	Symbol	ML Rating	Independent Research Provider	Independent Research Provider	Jaywalk Consensus Rating (SELL HOLD BUY)
APPLIED MATERIAL INC	AMAT	C-2-9	Hold - Morningstar	Hold - Weiss Ratings, Inc.	1.74
BEA SYSTEMS INC COM	BEAS	C-1-9	Hold - Morningstar	Hold - Thomas White International	1.92
BJS WHOLESALE CLUB INC	BJ	B-1-9	Hold - Morningstar	Buy - Channel Trend Inc.	1.67
LEHMAN BROTHRS HLDGS COM	LEH	C-1-7	Hold - Morningstar	Hold - Channel Trend Inc.	1.36
MICRON TECHNOLOGY INC	MU	C-2-9	Hold - Morningstar	Hold - Channel Trend Inc.	1.93
SCHWAB CHARLES CORP NEW	SCH	C-2-7	Sell - Morningstar	Hold - Thomas White International	2.13

Merrill Lynch Rating

Volatility Risk Ratings
Indicators of potential price fluctuation are:
A - Low
B - Medium
C - High

Investment Ratings
Indicators of expected total return (price appreciation plus yield) within the 12-month period from the date of the initial rating, are:
1 - Buy (10% or more for Low and Medium Volatility Risk securities - 20% or more for High Volatility Risk securities)
2 - Neutral (0 - 10% for Low and Medium Volatility Risk securities - 0 - 20% for High Volatility Risk securities)
3 - Sell (negative return)
6 - No Rating

Income Ratings
Indicators of potential cash dividends are:
7 - same/higher (dividend considered to be secure)
8 - same/lower (dividend not considered to be secure)
9 - pays no cash dividend

Trade Confirmation

746-54198

We confirm the following transaction subject to the attached agreement

Trade Date	Action	Quantity	Price	Amount
05/27/2004	Sold	150	33.730000	5,059.50

Security Description		
HONEYWELL INTL INC DEL	Processing Fee	5.35
	Sec. Exch. Comm. Fee	0.12
	Accrued Interest/Dividend	
	Charge or Mark-Up/Down	135.33
	Net Amount	**4,918.70**
ML SYMBOL HON	Settlement Date	**06/02/2004**

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FA # 9972 SEC # 349M1

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Trade Confirmation

746-54198

We confirm the following transaction subject to the attached agreement

Trade Date	Action	Quantity	Price	Amount
05/27/2004	Bought	90	54.200000	4,878.00

Security Description

LOWE'S COMPANIES INC

ML SYMBOL LOW

Processing Fee	5.35
Sec. Exch. Comm. Fee	
Accrued Interest/Dividend	
Charge or Mark-Up/Down	118.05
Net Amount	5,001.40
Settlement Date	06/02/2004

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The following story was published on Thomson ONE:

Trade Confirmation

746-54198

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Trade Date	Action	Quantity	Price	Amount
01/14/2004	Bought	5,148	5.380000	27,696.24

Security Description

FEDERATED KAUFMANN FUND CL A
FUND SUBJECT TO REDEMPTION FEE PROSPECTUS ENCLOSED
ON SELLING YOUR SHARES/UNITS, YOU MAY PAY A SALES CHARGE
AND/OR OTHER FEES. FOR INFORMATION, SEE THE PROSPECTUS.
SALES CHG PD $1544.40 SALES CHG % 5.500

ML SYMBOL KAUAX

Processing Fee 5.35

Sec. Exch. Comm. Fee

Accrued Interest/Dividend

Charge or Mark-Up/Down

Net Amount **27,701.59**

Settlement Date **01/20/2004**

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CUSIP # 314172677

FA # 9972 SEC # 9E7S8

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Trade Confirmation

746-54198

We confirm the following transaction subject to the attached agreement

Trade Date	Action	Quantity	Price	Amount
01/14/2004	Sold	1,722	16.230000	27,950.79

Security Description		
PUTNAM VOYAGER FD CL A FRAC SHR QUANTITY .168 A REDEMPTION.	THIS SALE CONSTITUTES	
ML SYMBOL. PVOYX		

Processing Fee	5.35
Sec. Exch. Comm. Fee	
Accrued Interest/Dividend	
Charge or Mark-Up/Down	
Net Amount	27,945.44
Settlement Date	01/20/2004

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CUSIP # 747012102

FA # 9972 SEC # 98903

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serving your account.

Payment for securities or other investment purchased and delivery of securities or other investment instruments sold are du
SETTLEMENT DATE unless otherwise indicated by a DATE DUE. Delivery on or before settlement date will avoid premium

If you have moved or plan to move, notify your Financial Advisor of your new address or update your account profile on the
Direct web site.

Trade Confirmation

746-88031

We confirm the following transaction subject to the attached agreement

Trade Date	Action	Quantity	Price	Amount
01/14/2004	Bought	417	5.380000	2,243.46

Security Description

FEDERATED KAUFMANN FUND CL A
FUND SUBJECT TO REDEMPTION FEE PROSPECTUS ENCLOSED
ON SELLING YOUR SHARES/UNITS, YOU MAY PAY A SALES CHARGE
AND/OR OTHER FEES. FOR INFORMATION, SEE THE PROSPECTUS.
SALES CHG PD $125.10 SALES CHG % 5.500

ML SYMBOL KAUAX

Processing Fee	5.35
Sec. Exch. Comm. Fee	
Accrued Interest/Dividend	
Charge or Mark-Up/Down	
Net Amount	2,248.81
Settlement Date	01/20/2004

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CUSIP # 314172877
FA # 9972 SEC # 9E7S8

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serving your account.

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SETTLEMENT DATE unless otherwise indicated by a DATE DUE. Delivery on or before settlement date will avoid premium

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Direct web site.

The following story was published on Thomson ONE.

Trade Confirmation

746-88031

We confirm the following transaction subject to the attached agreement

Trade Date	Action	Quantity	Price	Amount
01/14/2004	Sold	139	16.230000	2,271.31

Security Description

PUTNAM VOYAGER FD CL A
FRAC SHR QUANTITY .945 THIS SALE CONSTITUTES
A REDEMPTION.

ML SYMBOL PVOYX

Processing Fee 5.35

Sec. Exch. Comm. Fee

Accrued Interest/Dividend

Charge or Mark-Up/Down

Net Amount **2,265.96**

Settlement Date **01/20/2004**

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J HOWARD COBLE IRA
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CUSIP # 747012102

FA # 9972 SEC # 98903

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WE ACTED AS PRINCIPAL

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serving your account.

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Merrill Lynch

Account No.	Taxpayer No.	Page
746-54198	241-42-4008	1 of 7

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Your Financial Advisor 6972
ROBERT C KETNER
600 GREEN VALLEY RD. SUITE 400
GREENSBORO NC 27408

Payer:
Merrill Lynch, Pierce, Fenner & Smith Inc
1700 Merrill Lynch Drive, MSC 0702
Pennington, NJ 08534-4125
Federal Identification Number 13-5674085

2004 TAX REPORTING STATEMENT

1099-DIV	2004 Dividends and Distributions	(OMB NO. 1545-0110) Amount
1a	Total Ordinary Dividends	789.63
1b	Qualified Dividends	789.66
2a	Total Capital Gain Distributions	1,512.48
2b	Unrecap. Sec. 1250 Gain	0.00
2c	Section 1202 Gain	0.00
2d	Collectibles (28%) Gain	0.00
3	Non-Taxable Distributions	0.00
4	Federal Income Tax Withheld	0.00
5	Investment Expenses	0.00
6	Foreign Tax Paid	0.00
7	Foreign Country or U.S. Possession	
8	Liquidation Distributions Cash	0.00
9	Liquidation Distributions Non-Cash (Fair Market Value)	0.00

1099-INT	2004 Interest Income	(OMB NO. 1545-0112) Amount
1	Interest Income Not Included in Line 3	0.00 *
2	Early Withdrawal Penalty	0.00
3	Interest On U.S. Savings Bonds and Treasury Obligations	0.00 *
4	Federal Income Tax Withheld	0.00
5	Investment Expenses	0.00
6	Foreign Tax Paid	0.00
7	Foreign Country or U.S. Possession	
	* Total reportable Interest is the sum of lines 1 and 3	0.00

Summary of 2004 Original Issue Discount Items

		Amount
1	Original Issue Discount	0.00**
3	Original Issue Discount on US Treasury Obligations	0.00**
	Total Original Issue Discount is the Sum of Line 1 and 3	0.00**

** Amounts of Original Issue Discount are individually reported to the IRS. Refer to the 2004 Original Issue Discount detail section of this statement.

Summary of 2004 Proceeds from Broker & Barter Exchange Transactions

		Amount
2	Gross Proceeds Less Commissions	32,864.14
4	Federal Income Tax Withheld	0.00

Gross Proceeds from each of your 2004 securities trades are individually reported to the IRS. Refer to the 2004 Gross Proceeds detail section of this statement.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanctions may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

You may reach a Tax Representative at 1-800-637-6325

Code 5008R (R12-02) PP 12 04.

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Merrill Lynch

Account No. 746-54198 | Taxpayer No. 241-42-4008 | Page 2 of 7

MR J HOWARD COBLE

2004 TAX REPORTING STATEMENT

(OMB NO. 1545-07

1099-B 2004 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

Security Description	Cusip Number	Quantity	Transaction Description	Trade Date	Federal Income Tax Withheld	LINE 2 1099-B Gross Proceeds*	Remarks
HONEYWELL INTL INC DEL	438516106	150	SALE	05/27/04		4,918.70	
PUTNAM VOYAGER FD CL A	747012102	1722	SALE	01/14/04		27,945.44	
TOTAL GROSS PROCEEDS						32,864.14	

* Gross Proceeds and above transaction details from each of your 2004 securities trades are individually reported to the IRS (less commissions).

IMPORTANT TAX INFORMATION

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanctions may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Merrill Lynch

Account No. 744-54198 | Taxpayer No. 241-42-4008 | Page 3 of 7

MR J HOWARD COBLE

Your 2004 Annual Statement Summary Information is a personal summary of your account activity provided exclusively for our select clients. Data from Forms 1099, the definitive information for tax purposes, is repeated in this summary for your convenience. The gain (loss) calculations and tax exempt income data are provided to facilitate your review and are not reported to the IRS. The gain (loss) information may not include return of capital, sales load deferral or wash sales adjustments, or transactions that settled after December 31, 2004. RICs (which may include mutual funds and tax investment trusts) may reclassify principal distributions as capital gains. The Cost Basis for these securities may not have been adjusted on your statement to reflect such reclassifications. Please refer to information provided by the RIC and discuss with your tax advisor. In calculating gain (loss), unless otherwise noted, it was assumed that the oldest position was liquidated first, and that an election was in effect to amortize the premium paid on the purchase of taxable bonds. The cost for most Original Issue Discount ("OID") obligations includes the accretion of OID. Note the accrued OID shown in this section may differ from the Form 1099-OID section of the Tax Reporting Statement. Securities distributed from a retirement account reflect cost basis rather than tax basis. Other methods for calculating gain (loss) are available. Please consult your tax advisor for more information.

2004 ANNUAL STATEMENT SUMMARY

2004 DIVIDENDS AND DISTRIBUTIONS

Security Description	Quantity	Date	Transaction Description	Debit	Credit	Remarks
ORDINARY DIVIDENDS						
ACXIOM CORP COM	100	03/08/04	DIVIDEND		4.00	
	100	03/28/04	DIVIDEND		4.00	
	100	06/30/04	DIVIDEND		4.00	
	100	11/29/04	DIVIDEND		4.00	
			Security Subtotal		16.00	
AMER EXPRESS COMPANY	125	02/10/04	DIVIDEND		12.50	
	125	05/10/04	DIVIDEND		12.50	
	125	08/10/04	DIVIDEND		12.50	
	125	11/10/04	DIVIDEND		15.00	
			Security Subtotal		52.50	
HONEYWELL INTL INC DEL	150	03/10/04	DIVIDEND		28.13	
	150	06/10/04	DIVIDEND		28.13	
			Security Subtotal		56.26	
LEHMAN BROTHRS HLDGS COM	130	02/27/04	DIVIDEND		20.80	
	130	05/24/04	DIVIDEND		20.80	
	130	08/25/04	DIVIDEND		20.80	
	130	11/22/04	DIVIDEND		20.80	
			Security Subtotal		83.20	
LOWE'S COMPANIES INC	90	07/30/04	DIVIDEND		3.60	
	90	10/28/04	DIVIDEND		3.60	
			Security Subtotal		7.20	

Merrill Lynch

Account No. 746-54198 | Taxpayer No. 241-42-4006 | Page 4 of 7

MR J HOWARD COBLE

2004 ANNUAL STATEMENT SUMMARY

2004 DIVIDENDS AND DISTRIBUTIONS

Security Description	Quantity	Date	Transaction Description	Debit	Credit	Remarks
SCHWAB CHARLES CORP NEW	270	02/19/04	DIVIDEND		3.78	
	270	05/19/04	DIVIDEND		5.40	
	270	08/19/04	DIVIDEND		5.40	
	270	11/19/04	DIVIDEND		5.40	
			Security Subtotal		19.98	
WAL-MART STORES INC	200	01/05/04	DIVIDEND		18.00	
	200	04/05/04	DIVIDEND		23.00	
	200	06/07/04	DIVIDEND		26.00	
	200	09/23/04	DIVIDEND		26.00	
			Security Subtotal		93.00	
DAVIS NY VENTURE FD A		12/02/04	DIVIDEND		433.54	
TOTAL ORDINARY DIVIDENDS (LINE 1A 1099-DIV)					769.68	
QUALIFIED DIVIDENDS						
ACXIOM CORP COM	100	03/03/04	QUALIFIED DIVIDEND		4.00	REFER TO EXPLN DIV
	100	06/28/04	QUALIFIED DIVIDEND		4.00	REFER TO EXPLN DIV
	100	08/30/04	QUALIFIED DIVIDEND		4.00	REFER TO EXPLN DIV
	100	11/29/04	QUALIFIED DIVIDEND		4.00	REFER TO EXPLN DIV
			Security Subtotal		16.00	
AMER EXPRESS COMPANY	125	02/10/04	QUALIFIED DIVIDEND		12.50	REFER TO EXPLN DIV
	125	05/10/04	QUALIFIED DIVIDEND		12.50	REFER TO EXPLN DIV
	125	08/10/04	QUALIFIED DIVIDEND		12.50	REFER TO EXPLN DIV
	125	11/10/04	QUALIFIED DIVIDEND		15.00	REFER TO EXPLN DIV
			Security Subtotal		52.50	
HONEYWELL INTL INC DEL	150	03/10/04	QUALIFIED DIVIDEND		23.13	REFER TO EXPLN DIV
	150	06/10/04	QUALIFIED DIVIDEND		23.13	REFER TO EXPLN DIV
			Security Subtotal		58.26	

Merrill Lynch

Account No. 746-54198 | Taxpayer No. 241-42-4008 | Page 6 of 7

MR J HOWARD COBLE

2004 ANNUAL STATEMENT SUMMARY
2004 CAPITAL GAIN AND LOSS TRANSACTIONS

Security Description	Quantity	Date Acquired Cover of Short	Date Liquidated Short Sale	Amortization/Accretion Year-to-Date	Amortization/Accretion Life-to-Date	Sales Price	Cost Basis	Gain or (Loss)
LONG TERM CAPITAL LOSSES								
HONEYWELL INTL INC DEL	150	02/01/02	05/27/04			4,914.70	5,189.17	(274.47)
PUTNAM VOYAGER FD CL A	1640	07/24/01	01/14/04			26,758.14	33,001.84	(6,243.70)
	69	12/17/01	01/14/04			1,115.66	1,224.06	(104.40)
	4	12/17/01	01/14/04			64.91	70.00	(5.09)
			Subtotal			32,861.41	39,486.03	(6,624.62)
NET LONG TERM CAPITAL GAIN (LOSS)								(6,624.62)
OTHER TRANSACTIONS								
DAVIS NY VENTURE FD A	2	03/03/04	03/03/04			0.00	N/A	N/A
			Subtotal			.00	.00	

22145 +2 < 34297 32863 (6,624.62) (6,622.1)

Note: Capital gains and losses in this statement are not reported to the IRS.
N/A - Results which cannot be calculated because of insufficient data in the Capital Gain or (Loss) Column and are not included in the realized capital gain and loss summary.

2004 ANNUAL STATEMENT SUMMARY
REALIZED CAPITAL GAIN AND LOSS SUMMARY

	SHORT TERM GAINS	SHORT TERM LOSSES	LONG TERM GAINS	LONG TERM LOSSES
TOTAL	.00	.00	.00	(6,624.62)

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Merrill Lynch

Account No. 746-54198 | Taxpayer No. 241-42-4008 | Page 5 of 7

MR J HOWARD COBLE

2004 ANNUAL STATEMENT SUMMARY

2004 DIVIDENDS AND DISTRIBUTIONS

Security Description	Quantity	Date	Transaction Description	Debit	Credit	Remarks
LEHMAN BROTHRS HLDGS COM	130	02/27/04	QUALIFIED DIVIDEND		20.80	REFER TO EXPLN DIV
	130	05/24/04	QUALIFIED DIVIDEND		20.80	REFER TO EXPLN DIV
	130	08/25/04	QUALIFIED DIVIDEND		20.80	REFER TO EXPLN DIV
	130	11/23/04	QUALIFIED DIVIDEND		20.80	REFER TO EXPLN DIV
			Security Subtotal		83.20	
LOWE'S COMPANIES INC	90	07/30/04	QUALIFIED DIVIDEND		3.60	REFER TO EXPLN DIV
	90	10/29/04	QUALIFIED DIVIDEND		3.60	REFER TO EXPLN DIV
			Security Subtotal		7.20	
SCHWAB CHARLES CORP NEW	270	02/19/04	QUALIFIED DIVIDEND		5.78	REFER TO EXPLN DIV
	270	05/19/04	QUALIFIED DIVIDEND		5.40	REFER TO EXPLN DIV
	270	08/19/04	QUALIFIED DIVIDEND		5.40	REFER TO EXPLN DIV
	270	11/19/04	QUALIFIED DIVIDEND		5.40	REFER TO EXPLN DIV
			Security Subtotal		19.98	
WAL-MART STORES INC	200	01/05/04	QUALIFIED DIVIDEND		18.00	REFER TO EXPLN DIV
	200	04/05/04	QUALIFIED DIVIDEND		26.00	REFER TO EXPLN DIV
	200	06/07/04	QUALIFIED DIVIDEND		26.00	REFER TO EXPLN DIV
	200	09/23/04	QUALIFIED DIVIDEND		26.00	REFER TO EXPLN DIV
			Security Subtotal		96.00	
DAVIS NY VENTURE FD A		12/02/04	QUALIFIED DIVIDEND		438.54	REFER TO DIV
TOTAL QUALIFIED DIVIDENDS (LINE 1B 1099-DIV)					769.68	
CAPITAL GAIN DISTRIBUTIONS						
LONG-TERM CAPITAL GAINS DISTRIBUTIONS						
FEDERATED KAUFMANN FUND CL A		11/16/04	LONG TERM CAPITAL GAIN		1,512.48	
TOTAL LONG-TERM CAPITAL GAINS DISTRIBUTIONS					1,512.48	
TOTAL CAPITAL GAIN DISTRIBUTIONS (LINE 2A 1099-DIV)					1,512.48	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A — For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 AM 10: 30

MC

(Office Use Only)

Thomas Jeffery Cole
(Full Name)

104 Briarwood Street Moore, OK 73160
(Mailing Address)

202.225.6165
Daytime Telephone:

Filer Status: ☑ Member of the U.S. House of Representative — State OK, District: 4 — ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑ No ☐	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Thomas J Cole	5/16/05

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SCHEDULE I - EARNED INCOME

Name Thomas Jeffery Cole

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Cole, Hargrave, Snodgrass and Associates	Management Fee	$20,000

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name: Thomas Jeffery Cole

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Diageo	Appearance	March 9, 2004	$500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	MAJOR ASSETS				
	Cole, Hargrave, Snodgrass, and Associates, OK City (stock)	$250,001 - $500,000	Dividends (management fee)/DIVIDENDS	$15,001 - $50,000	
	Strategic Communications, Moore, OK (stock)	$100,001 - $250,000	Dividends	$15,001 - $50,000	
JT	Personal Residence, Moore, OK	$100,001 - $250,000	None	NONE	
JT	10 Acres, Johnson County, OK (with brother)	$1,001 - $15,000	None	NONE	
JT	Mid First Bank, Money Market	$50,001 - $100,000	Interest	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

JT	Burke and Herbert Money Market	$15,001 - $50,000	INTEREST	$201 - $1,000	
JT	Fidelity Municipal Money Market	$1,001 - $15,000	INTEREST	$201 - $1,000	
JT	Fidelity Spartan Money Market	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
SP	Bank One Money Market	$1,001 - $15,000	INTEREST	$1 - $200	
	Tom Cole's Cole, Hargrave, Snodgrass 401K				
	Credit Suisse Capital Appreciation Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Franklin MSF Mutual Share Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Franklin Small / Mid Cap Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Franklin Balance Sheet Investment Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Franklin Income Fund A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Lord Abbott Core Fixed Income Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Lord Abbott Mid Cap Value Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Oppenheimer Main Street Fund Class A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Oppenheimer Global Fund Class A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

	Pimco High Yield Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Putnam Int'l. Equity Fd. A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Strong Government Securities Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Templeton Foreign Fund A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	VanKamp Common Stock Fund A	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Mutual Funds				
JT	Vanguard Total Bond Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
JT	Fidelity Mortgage Security Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	S
JT	Fidelity Spartan Municipal Income Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
JT	Fidelity High Income Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	S
JT	Columbia Real Estate Equity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	American Century Balanced Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	T. Rowe Price Equity Income Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	American Century Value Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

JT	Vanguard Total International Stock Index	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000
JT	Fidelity Select Health Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200
JT	Fidelity Dividend Growth Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500
JT	FidelitySpartan 500 Index Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500
JT	Vanguard Total Stock Market Index Fund	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500
JT	American Century International Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000
JT	American Century Global Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000
JT	Baron Asset Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000
JT	American Century Ultra Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000
JT	Fidelity Select Financial Services Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000
	Stocks			
DC	Alliant Energy Corp.	$1 - $1,000	DIVIDENDS/CAPITAL GAINS	$1 - $200
SP	Alliant Energy Corp.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000
JT	Exxon Mobil Corp.	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

JT	Regions Financial Corp	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500
JT	Duke Energy Corp.	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000
JT	Pfizer Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000
JT	Wells Fargo & Co.	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500
JT	Walgreen Corp.	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000
JT	Wal Mart Stores Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200
JT	Kerr McGee	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000
JT	Johnson Controls	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500
JT	IBM	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200
JT	SBC Communication	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000
JT	Equifax Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200
JT	Microsoft	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500
JT	Hewlett Packard	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200
JT	Dell Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

JT	Becton Dickerson & Co.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Great Plains Airline	$1 - $1,000	CAPITAL GAINS	NONE	
	Tom Cole Fidelity IRA				
	Fidelity Cash Reserves	$1 - $1,000	INTEREST	$1 - $200	
	Fidelity Diversified International Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Fidelity Diversified Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Fidelity Spartan 500 Index Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Fidelity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Fidelity Blue Chip Gowth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Fidelity Aggressive Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Ellen Cole's Fidelity IRA				
SP	Fidelity Cash Reserves	$1 - $1,000	INTEREST	$1 - $200	
SP	Fidelity Diversified International Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Dividend Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

SP	Fidelity Spartan 500 Index Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Blue Chip Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Aggressive Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Tom Cole's 457 Sooner Savings				
	T. Rowe Price Balance Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	EuroPacific A Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	American Century Income and Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Columbia Acorn 12 Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Janus Small Cap. Value Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	T. Rowe Price Blue Chip Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Dreyfus Premium Leader A Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Invesco Tech. Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	S
	BGI SDP Stock Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

	American Century Vista Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	P
	Tom Cole's NY Life Annuity				
	Main Stay VP Capital Approach Fund	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	
	Tom Cole's NY Life IRA				
	Main Stay VP Index Equity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Main Stay VP Growth Equity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Main Stay VP Value Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Fidelity Equity Income Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Algen American Small Capital Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Janus Worldwide Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
	Ellen Cole NY Life IRA				
SP	Main Stay VP Cap. Appreciation Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
SP	Main Stay VP Index Equity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
SP	Main Stay VP Growth Equity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

SP	Janus Balanced Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
	Ellen Cole's 401K Fund				
SP	Fidelity Cash Reserves	$1 - $1,000	INTEREST	$1 - $200	
SP	Fidelity Ginnie Mae Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Capital Income Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Diversified International Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
SP	Fidelity Spartan 500 Index Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Blue Chip Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity OTC Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
SP	Fidelity Aggressive Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Tom Cole's Federal Thrift Savings Plan				
	G Fund	$15,001 - $50,000	INTEREST	$201 - $1,000	
	I Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Jeffery Cole

	F Fund	$1,001 - $15,000	DIVIDENDS/INTEREST	$201 - $1,000
	C Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000
	S Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000
	Tom Cole's State Farm Annuity			
	Insurance / Annuity	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500
	Ellen Cole's State Farm Aunnuity			
SP	Insurance Annuity	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000
	Mason Cole's IRA			
DC	Invesco Dynamics Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200
DC	AIM Large Cap Growth Fund	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200

SCHEDULE IV - TRANSACTIONS

Name Thomas Jeffery Cole

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Fidelity Spartan 500 Index Fund	P	1/10/04	$1,001 - $15,000
SP	Fidelity Spartan 500 Index Fund	P	1/10/04	$1,001 - $15,000
JT	Vanguard International Stock Index Fund	P	1/14/04	$1,001 - $15,000
JT	Vanguard Total Stock Market Index Fund	P	1/14/04	$1,001 - $15,000
JT	Vanguard Total Stock Market Index Fund	P	2/5/04	$1,001 - $15,000
JT	Vanguard Total Stock Market Index Fund	P	2/20/04	$1,001 - $15,000
JT	Vanguard Total Stock Market Index Fund	P	3/14/04	$1,001 - $15,000
JT	Fidelity Select Financial Services Fund	P	3/15/04	$15,001 - $50,000
JT	Vanguard Total Stock Market Index Fund	P	4/18/04	$1,001 - $15,000
JT	Fidelity High Income Fund	S	4/12/04	$15,001 - $50,000
JT	Fidelity Mortgage Security Fund	S	4/12/04	$15,001 - $50,000
JT	Fidelity Dividend Growth Fund	S	4/12/04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Thomas Jeffery Cole

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Fidelity Spartan 500 Index Fund	P	4/12/04	$1,001 - $15,000
JT	Fidelity Municipal Income Fund	P	4/12/04	$15,001 - $50,000
JT	Vanguard Total Stock Mutual Index Fund	P	4/27/04	$1,001 - $15,000
JT	Vanguard Total Stock Mutual Index Fund	P	5/4/04	$1,001 - $15,000
JT	Vanguard Total Stock Mutual Index Fund	P	5/27/04	$1,001 - $15,000
JT	Vanguard Total Stock Mutual Index Fund	P	6/14/04	$1,001 - $15,000
JT	Vanguard Total Stock Mutual Index Fund	P	6/11/04	$1,001 - $15,000
JT	Fidelity Spartan 500 Index Fund	P	7/12/04	$1,001 - $15,000
JT	Fidelity Municipal Income Fund	P	7/12/04	$1,001 - $15,000
JT	Vanguard Total Stock Market Index Fund	P	8/5/04	$1,001 - $15,000
JT	Vanguard Total Stock Market Index Fund	P	8/9/04	$1,001 - $15,000
JT	Fidelity Spartan Municipal Index Fund	P	8/16/04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Thomas Jeffery Cole

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Fidelity Dividend Growth Fund	P	8/16/04	$1,001 - $15,000
JT	Vanguard Total Bond Market Index Fund	P	9/14/04	$1,001 - $15,000
JT	Vanguard Total Stock Market Index Fund	P	9/14/04	$1,001 - $15,000
JT	Vanguard Total Bond Market Index Fund	P	10/15/04	$1,001 - $15,000
JT	Vanguard Total Bond Market Index Fund	P	11/1/04	$1,001 - $15,000
JT	Vanguard Total Bond Market Index Fund	P	11/16/04	$1,001 - $15,000
JT	Fidelity Municipal Income Fund	P	12/31/04	$1,001 - $15,000
JT	Fidelity Spartan 500 Index Fund	P	12/31/04	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Committee on Standards)	S	1/15/04	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee On Standards)	S	2/15/04	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee on Standards)	S	3/15/04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Thomas Jeffery Cole

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee On Standards)	S	4/15/04	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Committee On Standards)	S	5/15/04	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee On Standards)	S	6/15/04	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee On Standards)	S	7/15/04	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (Approved by Committee On Standards)	S	8/15/04	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee On Standards)	S	9/15/04	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee on Standards)	S	10/15/04	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee on Standards)	S	11/15/04	$1,001 - $15,000
	Cole, Hargrave, Snodgrass and Assoc.'s clients sold to Caldwell, McFerron and Alexander (approved by Committee on Standards)	S	12/15/04	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Thomas Jeffery Cole

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Aspen Institute	Jan. 5 - 11	Oklahoma City, OK -- Honolulu, HI -- Oklahoma City, OK	Y	Y	Y	N/A
The Heritage Foundation	Jan. 21 - 23	Wash., D.C. -- Cambridge, MD -- Wash., D.C.	Y	Y	N	N/A
Pre Paid Legal Services, Inc.	Sept. 24 - 25	Wash., D.C. -- Las Vegas, NV -- Wash., D.C.	Y	Y	N	N/A
Princeton University	Dec. 2 - 4	Oklahoma City, OK -- Princeton, NJ -- Wash., D.C.	Y	Y	N	N/A

SCHEDULE VIII - POSITIONS

Name Thomas Jeffery Cole

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	Fulbright Association (uncompensated)
Partner	Strategic Communications (unearned income, dividends and capital gains)
Partner	Cole, Hargrave, Snodgrass and Assoc. (unearned income: dividends and capital gains and management fee)

SCHEDULE IX - AGREEMENTS

Name Thomas Jeffery Cole

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
4/20/03	Cole, Hargrave, Snodgrass and Associates	Quarterly Management Fee of $5,000 from personal business. (Approved by Committee on Standards)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 16 PM 3:16
(Office Use Only)

K. Michael Conaway
(Full Name)

511 Cannon Building
Washington, D.C 20515
(Mailing Address) (202) 225-3605 Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: TX District: 11	[ ] Officer or Employee — Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	K. Michael Conaway	5/13/05

Name	K. Michael Conaway	Page ___ of _

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	See Attached		

For payments to charity in lieu of honoraria, use Schedule II.

K. MICHAEL CONAWAY

Financial Disclosure Statement

December 31, 2004

Schedule 1

Earned Income

SOURCE	TYPE	AMOUNT	
		Current Year	Previous Year
		2004	2003
Texas State Board of Public Accountancy	Per Diem	NA	$ 360
K. Michael Conaway, CPA	Client Fees	$ 8,475	$ 7,600

Name	K. Michael Conaway	Page ___ of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
	XYZ Magazine	Article	Aug. 13, 2004	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: K. Michael Conaway

Page ___ of ___

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
Examples	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
	See Attached																															

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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K. MICHAEL CONAWAY
Financial Disclosure Statement
December 31, 2004
Schedule III
ASSETS AND "UNEARNED INCOME"

Block A Assets and Income Source		Block B Value of Assets	Block C Type of Income	Block D Amount of Income		Block E P,S,E
SP/DC/JT				Current Year	Prior Year	
	Publicly traded common stock					
SP Trust	Novell	$1 - $1,000		NA	NA	
SP Trust	CISCO Systems	$1,001 - $15,000		NA	NA	
SP Trust	Micron Technology	$1,001 - $15,000		NA	NA	
SP Trust	Teradyne Inc	$1,001 - $15,000		NA	NA	
SP Trust	Microsoft Corp	$1,001 - $15,000	Dividend	$201 - $1,000	$1 - $200	
SP Trust	Clayton Williams Energy	$1,001 - $15,000		NA	NA	S
SP Trust	Southwest Airlines	$15,001 - $50,000	Dividend	$1 - $200	$1 - $200	
	Money Market accounts					
SP Trust	Centennial Money Market Trust	$1,001 - $15,000	Dividend	$201 - $1,000	$1 - $200	
SP Trust	Merrill Lynch Money Fund	$1,001 - $15,000	Interest	$1 - $200	$1 - $200	
	includes CMA Money Fund-Merrill Lynch Accounts reported previously					
SP Trust	RMA Money Market-UBS Paine Weber	NA		NA	$1 - $200	
	Publicly traded mutual funds					
SP Trust	Dreyfus Premier Tax Managed Growth Fund	NA*			NA	
SP Trust	Eaton Vance Tax Managed Growth Fund	NA*			NA	
SP Trust	Magnolia Texas ISD Bonds	$50,001 - $100,000	Interest	$2,501 - $5,000	$1,001 - $2,500	
SP Trust	Federated Municipal Opportunities Fund	NA*			$1,001 - $2,500	
SP Trust	MFS Municipal High Income Fund	NA*			$5,001 - $15,000	
SP Trust	Southwest Airlines	$15,001 - $50,000	Dividend	$1 - $200	$1 - $200	
SP Trust	Micron Technology	$1,001 - $15,000		NA	NA	
SP Trust	Wells Fargo Checking - Midland, Texas	$1,001 - $15,000	Interest	$1 - $200	$1 - $200	
SP Trust	Eaton Vance Tax Managed Growth Fund	$15,001 - $50,000	Dividend	$201 - $1,000	NA	
SP Trust	Franklin Templeton Founding Fund	$50,001 - $100,000	Dividend	$201 - $1,000	NA	P
SP Trust	Franklin Templeton Founding Fund	$50,001 - $100,000	Capital Gain	$201 - $1,000	NA	

SP/DC/JT	Block A Assets and Income Source	Block B Value of Assets	Block C Type of Income	Block D Amount of Income Current Year	 Prior Year	Block E P,S,E
SP Trust	Sunamerica Tax Exempt Insured Fund	NA		NA	$201 - $1,000	S
SP Trust	Sunamerica Tax Exempt Insured Fund	NA		NA	$1,001 - $2,500	
SP Trust	UBS Money Fund Fund	$1,001 - $15,000	Dividend	$1 - $200	$1 - $200	P
	includes RMA Money Market-UBS Paine Webber & UBS Paine Webber Cash Fund		Accounts reported previously			
SP Trust	Centennial Money Market Trust	$15,001 - $50,000	Dividend	$201 - $1,000	$1 - $200	
	Managed Trusts					
SP Trust	Merrill Lynch Managed Account-Acct N	$100,001 - $250,000	Dividend & Interest	$201 - $1,000	$201 - $1,000	
SP Trust	Merrill Lynch Managed Account-Acct N	$100,001 - $250,000	Capital Gain	$5,001 - $15,000	$5,001 - $15,000	
SP Trust	Merrill Lynch Managed Account-Acct E	$100,001 - $250,000	Dividend & Interest	$1,001 - $2,500	$1,001 - $2,500	
SP Trust	Merrill Lynch Managed Account-Acct E	$100,001 - $250,000	Capital Gain	$1,001 - $2,500	Loss	
SP Trust	Kidwell Exploration-S Corp, Midland, Texas	$15,001 - $50,000	Oil & Gas Royalty	$2,501 - $5,000	$2,501 - $5,000	
SP Trust	Oil & Gas Mineral Interests	$50,001 - $100,000	Oil & Gas Royalty	$5,001 - $15,000	$5,001 - $15,000	
SP Trust	La Otra Cattle Co - Partnership - Midland, Texa	$15,001 - $50,000	Oil & Gas Royalty	$5,001 - $15,000	$5,001 - $15,000	
SP Trust	Telephonica Moviles Argentina SA BA Ord	$1 - $1,000		NA	NA	
SP Trust	Telephonica de Argentina SA Ord Cl B	$1,001 - $15,000		NA	NA	
JT	Conawell Corporation-S Corp, Midland, Texas	$50,001 - $100,000	Dividend	$201 - $1,000	$201 - $1,000	
JT	Merrill Lynch Money Fund	$1,001 - $15,000	Interest	$1 - $200	$1 - $200	
JT	Clayton Williams Energy - common stock	$1,001 - $15,000	Dividend	NA	NA	S
JT	Note Rec-Conawell Corp., Midland, Texas	$1,001 - $15,000	Interest	NA	NA	
JT	Wells Fargo Bank - checking - Midland, Texas	$1,001 - $15,000	Interest	$1 - $200	$1 - $200	
JT	Wells Fargo Bank - savings - Midland, Texas	$1,001 - $15,000	Interest	$201 - $1,000	$1 - $200	
JT	Novell, Inc	$1 - $1,000		NA	NA	
JT	Turbosonic Technologies	$1 - $1,000		NA	NA	
JT	Centennial Money Market	$15,001 - $50,000	Dividend	$1 - $200	$1 - $200	
KMC	Lario Oil & Gas Co. - Oil & Gas - Midland, Te:	$1,001 - $15,000	Oil & Gas Royalty	$2,501 - $5,000	$1,001 - $2,500	
KMC	KMC, Inc. - Investments - Midland, Texas	$1,001 - $15,000		NA	NA	
KMC	Conabain Corp - Oil & Gas - Midland, Texas	$1,001 - $15,000	Oil & Gas Royalty	$1 - $200	$1 - $200	
	Publicly traded common stock					
KMC	Harkin Energy	$1,001 - $15,000		NA	NA	

SP/DC/JT	Block A Assets and Income Source	Block B Value of Assets	Block C Type of Income	Block D Amount of Income Current Year	Block D Amount of Income Prior Year	Block E P,S,E
SP	Merrill Lynch Bank USA-Midland, Texas	$50 001 $100,000	Interest	$1.001 - $2,500	$1.001 - $2,500	
	Publicly traded mutual funds					
SP	Sunamerica Tax Exempt Insured Fund	NA		NA	$2,501 - $5.000	S
SP	Sunamerica Tax Exempt Insured Fund	NA		NA	$5,001 - $15,000	
SP	Van Kampen Tax Exempt High Yield Fund	$100.001 - $250,000	Dividend	$5,001 - $15,000	$5,001 - $15,000	
SP	RMA Money Market	$50 001 - $100,000	Dividend	$1.001 - $2,500	$1 001 - $2,500	
SP	Merrill Lynch Bank & Trust	$100.001 - $250,000	Interest	$1.001 - $2,500	$1 001 - $2,500	
SP	Pioneer Municipal High Income Advantage	$100.001 - $250,000	Dividend-TE	$2,501 - $5 000	$2,501 - $5 000	
SP	UBS Bank USA Dep Acct	$50 001 - $100,000	Dividend	$201 - $1,000		
SP	Federated Strategic Income Fund	$1.001 - $15,000	Dividend	$1 - $200	NA	P
SP	Federated Market Opportunities Fund	$1 001 - $15,000	Dividend	$1 - $200	NA	P
SP	Federated Kaufman Fund	$15.001 - $50,000	Dividend	$1 - $200	NA	P
SP	Federated Capital Appreciation Fund	$15.001 - $50,000		NA	NA	P
SP	Franklin Templeton Founding Fund	$1 001 - $15,000	Dividend	$1 - $200	NA	P
SP	Scudder Short Term Muni Bond Fund	$500,001 - $1,000,000	Dividend-TE	$15,001 - $50,000	$5,001 - $15,000	
SP	Houston Texas Water & Sewer Bonds 5.2%	$100.001 - $250,000	Interest-TE	$5,001 - $15,000	$5,001 - $15,000	
SP	American National Bank & Trust CD 7.10%	$50.001 - $100,000	Interest	$5,001 - $15,000	$5,001 - $15,000	
SP	Fleet National Bank CD 6.850% 05/09/05	$50 001 - $100,000	Interest	$5,001 - $15,000	$5,001 - $15,000	
SP	First USA Bank CD 7.10% 04/12/05	$50.001 - $100,000	Interest	$5,001 - $15,000	$5,001 - $15,000	
SP	Provident Bank of Maryland CD 5.50%	NA	Interest	$2,501 - $5.000	$5,001 - $15,000	S
SP	Magnolia Texas ISD Bonds 5.125% 08	$50.001 - $100,000	Interest-TE	$2,501 - $5.000	$2,501 - $5.000	
SP	First Insured Municipal Trust Series 197	NA	Dividend	$201 - $1,000	$1.001 - $2,500	S
SP	First Insured Municipal Trust Series 197	NA	Capital Gain	$201 - $1,000	NA	
SP	Wells Fargo Bank - checking - Midland, Texas	$1 001 - $15,000	Interest	$1 - $200	$1 - $200	
SP	La Otra Cattle Co - Partnership - Midland, Texa	$15 001 - $50,000	Oil & Gas Royalty	$5,001 - $15,000	$5,001 - $15,000	
SP	Kidwell Exploration, S Corp-Midland, Texas	$15.001 - $50,000	Oil & Gas Royalty	$2,501 - $5 000	$2,501 - $5 000	
SP	Prudential SSA	NA	Structured Settlement Payment	$50,001 - $100,000	$100.001 - $1,000,000	
SP	Met life Insurance	NA	Structured Settlement Payment	$50,001 - $100,000	$100.001 - $1,000,000	
SP	Allstate Insurance	NA	Structured Settlement Payment	$15,001 - $50,000	$15,001 - $50,000	
JT-IRA	JP Morgan Chase common stock	$50.001 - $100,000	Dividend	$1.001 - $2,500	$1.001 - $2,500	

SP/DC/JT	Block A Assets and Income Source	Block B Value of Assets	Block C Type of Income	Block D Amount of Income Current Year	 Prior Year	Block E P.S.E
JT-IRA	IBM common stock	$15.001 - $50,000	Dividend	$201 - $1,000	$1.001 - $2,500	
JT-IRA	AIM Capital Development Fund	$1.001 - $15,000		NA	NA	
JT-IRA	AIM Capital Development Fund	$15.001 - $50,000	Dividend	$201 - $1,000	NA	
JT-IRA	Alliance Bernstein Growth Fund	$15.001 - $50,000	Dividend	$201 - $1,000	NA	
	Formally Alliance Growth Fund					
JT-IRA	Federated Strategic Income Fund	$1.001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	Federated Market Opportunities Fund	$1.001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	Federated Kaufman Fund	$1.001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	Federated Capital Appreciation Fund	$1.001 - $15,000	Dividend	NA	NA	
JT-IRA	UBS U.S. Allocation Fund	$15.001 - $50,000	Dividend	$1 - $200	NA	
	Formally UBS Tactical Allocation Fund					
JT-IRA	MFS Capital Opportunities Fund	$15.001 - $50,000	Dividend	NA	NA	
JT-IRA	UBS PW Retirement Money Fund	$1 - $1,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	AIM Constellation Fund	$1.001 - $15,000		NA	NA	
JT-IRA	Valley National Bancorp	$1.001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	ML Bank USA RASP	$1 - $1,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	Centennial Money Market Trust	$1.001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	Putnam Health Science Trust	$1.001 - $15,000		NA	NA	
JT-IRA	Eaton Vance Special Investment Trust	$1.001 - $15,000	Dividend	$1 - $200	$1 - $200	
JT-IRA	US Treasury Strips	$1.001 - $15,000		NA	NA	
JT-IRA	US Treasury Receipt	NA		NA	NA	

NA* = Account was reported as a FBO custodial account for a child last year.
Child has reached majority.

SCHEDULE IV — TRANSACTIONS

Name: K. Michael Conaway

Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-04		X								
	See Attached														

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K. MICHAEL CONAWAY
Financial Disclosure Statement
December 31, 2004
Schedule IV
TRANSACTIONS

SP/DC/JT	Asset	Type of Transaction			Date	Amount
		Purchase	Sale	Exchange		
JT	500 shares Clayton Williams common stock		X		01/15/04	$15.001 - $50,000
SP	Provident Bank CD		X		04/07/04	$50.001 - $100,000
SP	First Muni Trust Series 197		X		03/31/04	NA
SP Trust	Sunamerica Tax Exempt Insured Fund		X		12/03/04	$50.001 - $100,000
SP Trust	UBS Money Fund Fund	X			12/06/04	$1.001 - $15,000
SP	Sunamerica Tax Exempt Insured Fund		X		12/03/04	$1.001 - $15,000
SP	Federated Strategic Income Fund	X			07/27/04	$1.001 - $15,000
SP	Federated Market Opportunities Fund	X			07/27/04	$1.001 - $15,000
SP	Federated Kaufman Fund	X			07/27/04	$1.001 - $15,000
SP	Federated Capital Appreciation Fund	X			07/27/04	$1.001 - $15,000
SP	Franklin Templeton Founding Fund	X			11/24/04	$1.001 - $15,000
SP Trust	500 shares Clayton Williams common stock		X		01/15/04	$15.001 - $50,000
SP Trust	Franklin Templeton Founding Fund	X			11/24/04	$50.001 - $100,000

Name	K. Michael Conaway	Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
	None		

Use additional sheets if more space is required.

Name	K. Michael Conaway	Page ___ of __

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	None						

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Name	K. Michael Conaway	Page __ of __

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
See Attached	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 2005 98-729 (mac)

Use additional sheets if more space is required.

K. MICHAEL CONAWAY

Financial Disclosure Statement

December 31, 2004

Schedule VIII

POSITIONS

Position	Name of Organization	2004	2003	2002
Presiding Officer & board member	Texas State Board of Accountancy		*	Yes
Board member - Chairman 2002 & 2003	National Association of State Boards of Accountancy		Yes	Yes
Board member - Chairman 2002 & 2003	Permian Basin Community Centers	Yes	Yes	Yes
Board member - Chairman 2002	Permian Basin Area Foundation		Yes	Yes
Board member - Lifetime	United Way of Midland	Yes	Yes	Yes
Board member	Midland Chamber of Commerce		Yes	Yes
School of Education Advisory Council	University of Texas Permian Basin	Yes	Yes	Yes
Board of directors and Rodeo Committee	Sandhills Hereford & Quarterhorse Show, Inc.	Yes	Yes	Yes
Board of directors	Texas Society of Certified Public Accountants	Yes	Yes	Yes
Sole Proprietor	K. Michael Conaway, CPA	Yes	Yes	Yes
Board of directors - President	Conawell Corporation	Yes	Yes	Yes
Board of directors - President	Conabain Corporation	Yes	Yes	Yes
Board of directors - President	KMC, Inc.	Yes	Yes	Yes
Board of directors - Vice-President	Kidwell ExploraTION	Yes	Yes	Yes
Chairman	City of Midland - Citizens Advisory Committee - Comprehensive Plan		Yes	Yes
Member	Beta Alpha Psi - National Advisory Forum		Yes	Yes
	* Resignation effective 01/12/2003			

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELI

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2005 JUN -9 PM 1:37

MC

(Office Use Only)

(Full Name) John Conyers, Jr.

(Mail to Address) 2426 Rayburn House Office Building
Washington, D.C. 20515

Daytime Telephone (202) 225-5126

Filer Status	[X] Member of the U.S. House of Representatives	State: District:	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in this reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefitting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Conyers Jr.	6 9 05

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Name John Conyers, Jr. | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Detroit Board of Education	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
	XYZ Magazine	Article	Aug. 13, 2004	$500
	N/A			

This page may be copied if more space is required.

Name John Conyers, Jr. | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP. Examples:	SP Mega Corp. Stock	X	X	X	P
DC.	Simon & Schuster	Indefinite	Royalties		X
JT	1st Bank of Paducah, KY accounts	X	X	X	
	Congressional Fed. Credit Union	X	X	X	
	Congressional Fed. Credit Union	X	X	X	
	Congressional Fed. Credit Union	X	X	X	
	Congressional Fed. Credit Union	X	X	X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Conyers, Jr

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P S E
	N/A																													

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SCHEDULE IV — TRANSACTIONS

Name John Conyers, Jr. Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–04		X								
	N/A															

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Thrift Savings Plan	Personal		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$200
N/A		

Use additional sheets if more space is required.

Name John Conyers, Jr. Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	2 Days
	National Assoc. of Recording Artists (Kappa Alpha Psi)	February 8-9 (2004)	Detroit – Los Angeles – Detroit	Y	Y	N	N
	Greenville Alumni Chapter	(2004) February 14-15	Chicago – Greenville, MS – D.C.	Y	Y	N	N
	Nation of Islam (Black Student Association)	February 29 - March 1 (2004)	Detroit - Chicago, Ill - New York, NY	Y	Y	N	N
	Harvard Law School	March 5-6	Detroit - Boston, MA - Detroit	Y	Y	N	N
	Haiti Support Project	(2005) January 9-12	Detroit - New York - Detroit	Y	Y	N	N
	Davis Brinkley, Inc.	(2005) February 23-27	Detroit - Alabama - Detroit	Y	Y	N	N
	Anti-Discrimination Comte	(2005) March 13-15	Detroit - Newark - D.C.	Y	Y	N	N
	State of Missouri, Kansas City	(2005) May 16-17	Detroit - Kansas City - D.C.	Y	Y	N	N

This page may be copied if more space is required.

Name John Conyers, Jr	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO 2006 98-729 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

James H.S. ("Jim") Cooper
(Full Name)

2319 Woodmont Blvd. Nashville, TN 37215
(Mailing Address)

202-225-4311
Daytime Telephone:

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: TN, District: 5	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	J. Cooper	June 14, 2005

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name James H.S. ("Jim") Cooper

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Mid-TN Healthcare Executives, Nashville, TN	Presentation	Aug. 26, 2004	$100
Diageo Corp., Washington, DC	Appearance	March 9, 2004	$500
Grocery Manufacturers Assoc.	Appearance	May, 2004	$50

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James H.S. ("Jim") Cooper

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Adam's Properties, Gulfport, MS, 1504 Beach Drive, rental house	$15,001 - $50,000	RENT	$1 - $200	
	Assistive Technology Company stock, wheelchair distributor, Naperville, IL	$50,001 - $100,000	CAPITAL GAINS	NONE	
	ATT stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Berkshire Hathaway stock	$50,001 - $100,000	CAPITAL GAINS	NONE	
	Centennial Money Market shares	$250,001 - $500,000	INTEREST	$1,001 - $2,500	
	Coca Cola stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James H.S. ("Jim") Cooper

	Congressional Credit Union checking and savings accounts	$100,001 - $250,000	INTEREST	$1,001 - $2,500	
	Comcast New A stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Cooper Bros. Partnership, farm land and lots, Shelbyville, TN and Smith Mills, KY, and Nashville, TN (see attached schedule for details)	$500,001 - $1,000,000	Partnership Income	$15,001 - $50,000	
	Cornell Companies stock	$1,001 - $15,000	CAPITAL GAINS	$5,001 - $15,000	S
	Discovery Fund, L.P.	$1,001 - $15,000	CAPITAL GAINS	NONE	
	DNP (Duff & Phelps) Select Income shares	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	EDT Learning Co. Stock	$1,001 - $15,000	CAPITAL GAINS	NONE	
	Essent Health Care stock, hospital company, Nashville, TN	$50,001 - $100,000	CAPITAL GAINS	NONE	
	Federated GNMA Institutional shares	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Fidelity Contrafund shares	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Fidelity Growth and Income shares	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Fidelity Municipal Money Market shares	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Fifth Third Bank stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James H.S. ("Jim") Cooper

	General Electric stock	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	Hamilton Fairfax, LLC, Nashville, TN, 2106 Fairfax, apartment building	$100,001 - $250,000	Partnership Income	$5,001 - $15,000	
	Harpeth Green Partnership, Brentwood, TN, real estate, Heritage Way	$15,001 - $50,000	CAPITAL GAINS	$2,501 - $5,000	S
	Harpeth Green Properties, LLC, Brentwood, TN, Heritage Retirement Facilities LLC and Heritage Health Center LLC, Heritage Way	$100,001 - $250,000	Partnership Income	$1 - $200	E
	Hewlett Packard stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	IBM stock	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
	Intel stock	$50,001 - $100,000	DIVIDENDS	$1 - $200	
	Lennox International stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Microsoft stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Nortel stock	$1,001 - $15,000	CAPITAL GAINS	NONE	
	Northern Trust Inst. Gov. Portfolio	$100,001 - $250,000	INTEREST	$201 - $1,000	P
	Phoenix Companies stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James H.S. ("Jim") Cooper

	PLC Properties LLC, Brentwood, TN, Virginia Way, undeveloped land, and Orlinda, TN, 5557 Hwy 31 West, warehouse	$250,001 - $500,000	Partnership Income	$50,001 - $100,000	E
	Procter and Gamble stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Qualcomm stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Select Medical stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Small Town Cable Partners, cable TV company, Brentwood, TN	$15,001 - $50,000	CAPITAL GAINS	NONE	
	SunTrust Bank checking account	$100,001 - $250,000	INTEREST	$1,001 - $2,500	
	SunTrust Bank stock	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
	Thoma Cressey Friends Funds VI and VII, venture capital funds, Chicago, IL	$250,001 - $500,000	CAPITAL GAINS	$15,001 - $50,000	
	TIAA-CREF	$15,001 - $50,000	INTEREST/CAPITAL GAINS	$1,001 - $2,500	
	Wachovia stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name James H.S. ("Jim") Cooper

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Centennial Money Market shares	P	Various dates (as dividends are paid and interest earned)	$1,001 - $15,000
	Cornell Companies stock	S	Aug. 23, 2004	$1,001 - $15,000
	Harpeth Green Partnership, Brentwood, TN, real estate, Heritage Way	S	May 31, 2004	$1,001 - $15,000
	Harpeth Green Properties, LLC, Brentwood, TN, Heritage Retirement Facilities LLC and Heritage Health Center LLC, Heritage Way	E	Dec. 30, 2004	$100,001 - $250,000
	PLC Properties LLC, Brentwood, TN, Virginia Way, undeveloped land, and Orlinda, TN, 5557 Hwy 31 West, warehouse	E	Oct. 6, 2003	$100,001 - $250,000
	Select Medical stock	E	March 22, 2004	$1,001 - $15,000
	Thoma Cressey Friends Funds VI and VII, venture capital funds, Chicago, IL	E	Various dates (as the venture fund made distributions)	$100,001 - $250,000
	Northern Trust Inst. Gov. Portfolio	P	Various dates (as venture fund distributions were invested in money market account)	$100,001 - $250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James H.S. ("Jim") Cooper

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Kennedy School of Government, Harvard University	Jan. 15-17	Nashville-Ft. Lauderdale-Nashville	Y	Y	Y	None
Alaska Coalition, Alaska Wilderness League, Earth Justice, Natural Resources Defense Council, Sierra Club, Wilderness Society, World Wildlife Fund	June 26-July 2	Nashville-Fairbanks-Arctic Village-Arctic Nat. Wildlife Refuge-Kaktovik-Fairbanks-Gulfport, MS	Y	Y	Y	None
American Australian Association	Nov. 6-14	Nashville-Sydney-Melbourne-Cairns-Nashville	Y	Y	Y	None

SCHEDULE VIII - POSITIONS

Name James H.S. ("Jim") Cooper

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	PLC Properties LLC
Member	Hamilton Fairfax LLC
Partner	Cooper Bros. Land Company
Partner	Harpeth Green Partnership (now terminated)
Limited Partner	Thoma Cressey Friends Funds VI and VII, L.P.
Limited Parter	Small Town Communications Partners I, L.P.
Limited Partner	The Discovery Fund, L.P.
Member	Harpeth Green Properties, LLC
Director	Center for Better Health, Vanderbilt University, Nashville, TN (a non-profit university think tank)

FOOTNOTES

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	The Discovery Fund was not listed in prior year's Schedule III (although it was listed in Schedule VIII) because I believed it to be below reporting thresholds. Company seems to be improving, however, and the basis of my investment is listed on the K-1 as just below $5,000.	Discovery Fund, L.P.
2	Schedule IV	Although I listed the sale of PLC's Murray Lane property on last year's disclosure, I did not realize that the property had already been exchanged for the warehouse in Orlinda, TN. That transaction occurred in the last quarter of 2003.	PLC Properties LLC

2004 Financial Disclosure Statement
Supplementary Schedule

Schedule III

Cooper Brothers Partnership

Assets:

Located in or near Shelbyville, TN

- Lots at 1056 Madison Street
- Lot on Holland Street
- Lot on Depot Street
- Farm at 497 Shofner Bridge Road

Located in or near Smith Mills, KY (near Henderson, KY)

- Tweedy and Floyd Farms, Hwy. 266
- Utley Farms, Burbank Road
- Moet and Brahm Farms, Alzey-Uniontown Road
- Klondike Farm, Klondike Road

Located in Brentwood, TN

- Park Center Partnership I
- Park Center Partnership II

These partnerships were formed to develop the Gambro and LBMC Financial Center office buildings on Virginia Way in Maryland Farms

Located in Nashville, TN

- Lot 6A at 648 Grassmere Office Park, Trousdale Pike, Nashville, TN

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A

For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 1:58

(Office Use Only) MC

James M. Costa
(Full Name)

1004 Longworth House Office Building Washington, DC 20515
(Mailing Address)

(202) 225-3341
Daytime Telephone

Filer Status: ☑ Member of the U.S. House of Representatives — State: CA — District: 20 ☐ Officer Or Employee — Employing Office

Report Type: ☑ Annual (May 15) — Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	No ✓
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. App. 4 § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief		5/16/2005

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SCHEDULE I - EARNED INCOME

Name James M. Costa

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of California Legislators' Retirement System	Pension	$68,571
The Costa Group, LLC	Consulting	$100,706.06
Costa Farms	Farm	$61,396
California State University, Fresno	Adjunct Professor	$7,500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James M. Costa

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Bank of America accounts	$15,001 - $50,000	INTEREST	$1 - $200	
Bank of America Brokerage	$250,001 - $500,000	INTEREST	$1,001 - $2,500	
Bank of America Checking	$1,001 - $15,000	INTEREST	$1 - $200	
Costa Farm Fresno, CA	$250,001 - $500,000	Farm Real Estate	$15,001 - $50,000	
Premier Valley Bank 401k	$15,001 - $50,000	INTEREST	$201 - $1,000	
Premier Valley Bank Stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James M. Costa

	United Security Bank accounts	$50,001 - $100,000	INTEREST	$201 - $1,000	
	Wachovia Securities (formerly Prudential Money Market Assets Fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	E

SCHEDULE IV - TRANSACTIONS

Name James M. Costa

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Wachovia Securities (formerly Prudential Money Market Assets Fund)	E	July 1, 2003	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name James M. Costa

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	United Security Bank	Personal Loan	$50,001 - $100,000
	United Security Bank	Working Capital Loan for Farm Operation	$10,001 - $15,000

SCHEDULE VIII - POSITIONS

Name James M. Costa

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
CEO	The Costa Group -- consulting business discontinued effective 12/31/2004
Board Member	National Conference of State Legislatures Foundation
Board Member	Fresno Madera Area on Aging -- resigned effective 12/31/2004
Board Member	San Joaquin Parkway Trust -- resigned effective 12/31/2004

FOOTNOTES

Name James M. Costa

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule V	Working Loan paid off by 12/31/2004	United Security Bank
2	Schedule III	Power of attorney privilege on account with elderly parent.	Bank of America Checking
3	Schedule III	Power of attorney privilege on account with elederly parent.	Bank of America Brokerage

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY 13 PM 1:01
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

(Full Name) JERRY F. COSTELLO

(Mailing Address) 2608 PRO TOUR DR.
BELLEVILLE, IL 62220

(Daytime Telephone) WM B. SCHALTENBRAND - ACCOUNTANT
(618) 398-4173

Filer Status: [X] Member of the U.S. House of Representatives — State IL District 12 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	X Jerry F. Costello	5-13-05

Name	JERRY F. COSTELLO	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	STATE OF ILLINOIS	SPOUSE SALARY	NA
	ST. CLAIR COUNTY	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income
For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction
Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E
SP	SP Mega Corp Stock					X								X										X								P
DC, Examples:	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
SP	WEST POINTE BANCORP, INC. STOCK - IRA					X								X									X									
SP	WEST POINTE BANCORP, INC. STOCK - IRA					X								X									X									
SP	PUTNAM INTERNATIONAL-NEW OPPORTUNITY FD-CL-A-IRA			X										X								X										
SP	PUTNAM INTERNATIONAL-NEW OPPORTUNITY FD-CL-A-IRA			X										X								X										
SP	BOSTON ADVISORS US GOVT. M/M FD CL-I-IRA		X											X								X										S
SP	BOSTON ADVISORS US GOVT. M/M FD CL-I-IRA		X											X								X										S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JERRY F. COSTELLO

Page 4 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	
	LORD ABBET MID CAPITAL VALUE FD-CL-B-IRA	C	DIVIDENDS	II	P
SP	LORD ABBET MID CAPITAL VALUE FD-CL-B-IRA	C	DIVIDENDS	II	P
	CONGRESSIONAL FEDERAL CREDIT UNION	C	INTEREST	II	
	AT&T WIRELESS SERVICES STOCK	A	DIVIDENDS	I	S
	STATE OF ILLINOIS	D	ILLINOIS RETIREMENT	I	
SP	STATE OF ILLINOIS	E	ILLINOIS TEACHER'S RETIREMENT	I	

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SCHEDULE IV — TRANSACTIONS

Name JERRY F. COSTELLO

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-04		X								
	LORD ABBET MID CAPITAL VALUE FUND INC - CL-B-IRA	X			10-07-04	X									
SP	LORD ABBET MID CAPITAL VALUE FUND INC - CL-B-IRA	X			10-07-04	X									
	AT&T WIRELESS SERVICES STOCK		X		10-27-04	X									
	BOSTON ADVISORS US GOVT. M/M FD CL-I-IRA		X		10-07-04	X									
SP	BOSTON ADVISORS US GOVT. M/M FD CL-I-IRA		X		10-07-04	X									

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HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

2005 MAY 16 AM 9:11

HC

(Office Use Only)

ROBERT EDWARD CRAMER, JR.
(Full Name)

417 EUSTIS AVENUE
(Mailing Address)

202/225-4801
Daytime Telephone

HUNTSVILLE, AL 35801

Filer Status: [X] Member of the U.S. House of Representatives — State AL District 05 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert E Cramer Jr	5-12-05

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S) or exchanged (E) in reporting year.

Block A	Block B	Block C	Block D	Block E
SP, DC, JT	Block A	Block B	Block C	Block D	Block E
SP Mega Corp Stock	E	X		X																				P
DC Examples Simon & Schuster	Indefinite																							
JT 1st Bank of Paducah, KY accounts						X																		
EASY STREET INVESTMENT CO. HUNTSVILLE, AL (1 SHARE)																								
AL STATE EMPLOYEES DEFERRED INCOME ACCOUNT (NATIONWIDE) & (FIXED ANNUITY MASS. FIXED ANNUITY)																								
1212 LOCUST AVENUE, HUNTSVILLE AL, 35801	X																							S
524 SKYLINE SHORES SCOTTSBORO, AL 35768																								P

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name ROBERT E. CRAMER, JR. | Page 3 of 5

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-04		X								
	1212 LOCUST AVENUE, HUNTSVILLE, AL 35801		X		5-24-04				X						
	524 SKYLINE SHORES, SCOTTSBORO, AL 35768	X			5-24-04					X					

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	REGIONS MORTGAGE (HUNTSVILLE, AL)	MORTGAGE ON: 524 SKYLINE SHORES				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$285

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
HONORARY BOARD MEMBER	NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN (ALEXANDRIA, VIRGINIA)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2005 98-729 (msc)

Use additional sheets if more space is required.

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2005 MAY 16 PM 4:55 HC

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A

For use by Members, officers, and employees

Alexander M. Crenshaw
(Full Name)

4314 Ortega Forest Drive Jacksonville, FL 32210
(Mailing Address)

202-225-2501
Daytime Telephone

(Office Use Only)

Filer Status ☑ Member of the U.S. House of Representative State: FL District: 04 ☐ Officer Or Employee Employing Office:

Report Type (1) Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Alexander M. Crenshaw	May 16, 2005

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Alexander M. Crenhaw

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Bank of America	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	S
Pepisco Inc. Stock	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	S
Berkshire Hathaway Stock	$50,001 - $100,000	N/A	N/A	S
Southern C. Stock	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	S
Alamo Storage Partners-(self storage-Dallas, TX)	$15,001 - $50,000	RENT	$2,501 - $5,000	
Direct Mail Systems, Inc.-Direct Mail, St. Pete., FL	$100,001 - $250,000	DIVIDENDS	$50,001 - $100,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Alexander M. Crenhaw

Deferred Compensation-retirement	$50,001 - $100,000	DIVIDENDS	N/A	
Trinity Fund Ltd., Investments, JAX., FL	$1,000,001 - $5,000,000	Partnership Income	$100,001 - $1,000,000	
Donaldson, Lufkin & Jenrette Alliance/Front Growth Fund-401 (k) Retirement	$100,001 - $250,000	DIVIDENDS	N/A	
Evergreen Money Market	$100,001 - $250,000	INTEREST	$201 - $1,000	
IRA Self-directed Investments Listed Below				
Transocean SEDCO Forex, Inc., Company	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	S
Berkshire Hathaway HLDG., Inc. CL.A	$50,001 - $100,000	DIVIDENDS	$1 - $200	
Cisco Systems, Inc.	$1,001 - $15,000	DIVIDENDS	NONE	
Merrill Lynch & Co., Inc.	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Riverside Group, Inc.	$1 - $1,000	DIVIDENDS	NONE	S
Schlumberger Ltd.com	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Tenet Healthcare Corporation	$1,001 - $15,000	DIVIDENDS	NONE	S
Wells Fargo & Co.	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
Resolution Trust FDG	$100,001 - $250,000	INTEREST	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Alexander M. Crenhaw

Money Market Fund	$100,001 - $250,000	INTEREST	$5,001 - $15,000
Bankshares Fla. Inc.-stock	$15,001 - $50,000	DIVIDENDS	NONE
IMPAC Mtg. Holdings, Inc.	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500

SCHEDULE IV - TRANSACTIONS

Name Alexander M. Crenhaw

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Bank of America	S	12-21-04	$15,001 - $50,000
	Berkshire Hathaway Stock	S	12-21-04	$50,001 - $100,000
	Southern Co.. Stock	S	12-21-04	$15,001 - $50,000
	Transocean SEDCO Forex, Inc., Company-stock	S	8-10-04	$1,001 - $15,000
	Tenet Healthcare Corporation-stock	S	8-10-04	$1,001 - $15,000
	Pepisco Inc.-stock	S	12-21-04	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Alexander M. Crenhaw

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Aspen Institute	May 23-28, 2004	Wash., DC-Barcelona, Spain--JAX., FL	Y	Y	Y	N/A

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 JUN 14 PM 2:56
(Office Use Only)

MC

Alexander M. Crenshaw
(Full Name)

4314 Ortega Forest Drive Jacksonville, FL 32210
(Mailing Address)

202-225-2501
Daytime Telephone

Filer Status: [x] Member of the U.S. House of Representative — State: FL District: 04 — [ ] Officer Or Employee — Employing Office:

Report Type: [ ] Annual (May 15) [x] Amendment [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes [ ] No [x]
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes [ ] No [x]
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes [x] No [ ]
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes [x] No [ ]
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes [ ] No [x]
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? Yes [ ] No [x]
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? Yes [x] No
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes [ ] No [x]
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes [ ] No [x]
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [x]

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [x]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Alexander M. Crenshaw	June 14, 2005

SCHEDULE IV - TRANSACTIONS

Name Alexander M. Crenhaw

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Bank of America	S	12-21-04	$15,001 - $50,000
	Berkshire Hathaway Stock	S	12-21-04	$50,001 - $100,000
	Southern Co.. Stock	S	12-21-04	$15,001 - $50,000
	Transocean SEDCO Forex, Inc., Company-stock	S	8-10-04	$1,001 - $15,000
	Tenet Healthcare Corporation-stock	S	8-10-04	$1,001 - $15,000
	Pepisco Inc.-stock	S	12-21-04	$15,001 - $50,000
	Bankshares Fla. Inc.-stock	P	8-9-04	$15,001 - $50,000
	IMPAC meeting Holdings, Inc.	P	8-11-04	$15,001 - $50,000

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

2005 MAY 12 PM 4: 17

HAND DELIVERED
(Office Use Only)

MC

Joseph Crowley
(Full Name)

48-24 65th Street Woodside, NY 11377
(Mailing Address)

202-225-3965
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives State: NY District: 07 ☐ Officer Or Employee Employing Office

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date.

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/12/05

819

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph Crowley

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP	Reliastar Life Insurance Company-Qualified Annuity	$15,001 - $50,000	Other: Retirement Account	$1,001 - $2,500	S
	4 Farley Drive Albany, NY	$15,001 - $50,000	RENT	$2,501 - $5,000	
JT	Wright-Patman Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	
DC	New York's College Savings Program held by Rep. Joseph Crowley for Kenzie Crowley	$1,001 - $15,000	Other: N/A)	NONE	
DC	New York's College Savings Program held by Mrs. Kasey Crowley for Joseph Cullen Crowley	$1,001 - $15,000	Other: N/A/	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph Crowley

	Prudential Financial Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200
JT	Maspeth Federal	$1,001 - $15,000	DIVIDENDS/INTEREST/INTEREST/INTEREST	$1 - $200
SP	ROLL OVER IRA, Northwestern Mutual Investment Servies, LLC, divided into following accounts	$15,001 - $50,000	DIVIDENDS/INTEREST	$201 - $1,000
	Fidelity Advisor Ser I Small Small Cap Fund CL B Growth FD Amer Inc Class B SHS Mason Street FDS Inc. Index 400 STK FD CL B Pimco FDS Multi MRG SER NFJ Small Cap Value FD CL B Washington Mut Invs FD CL B SHS Euro Pac Growth FD American High Income			
	American Balanced FD CL B SHS			

SCHEDULE IV - TRANSACTIONS

Name Joseph Crowley

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SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	ReliaStar Life Insurance Qualified Peak Annuity	S	10/7/2004	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Joseph Crowley

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Chase Manhattan Mortgage Corp	4 Farley Drive, Albany, NY	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Joseph Crowley

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Confederation of Indian Industries	1/2/04-1/11/04	Washington, DC-New Delhi-Hyderabad-Mumbai	Y	Y	N	N/A
Federation of Bangladeshi Chamber of Commerce	1/11/04-1/16/04	Mumbai-Dhaka-Washington, DC	Y	Y	N	N/A
New York Stock Exchange	1/29/04-1/30/04	Washington, DC-New York, NY-Washington, DC	Y	Y	N	N/A
US Committee for the United Nations Population Fund	2/17/04-2/22/04	Washington, DC-Dominican Republic-Washington,DC	Y	Y	Y	N/A
Financial ServiceS Roundtable	5/21/04	Washington, DC-Chicago, IL-New York, NY	N	Y	N	NA

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 11 PM 4:35
U.S. HOUSE OF REPRESENTATIVES MC

Barbara Cubin (Full Name)
2241 Belmont Road (Mailing Address)
Casper WY 82604
202-225-2311 Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: WY District: AL	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

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I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (e.g. aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
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This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Barbara Cubin	5/11/05

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Fred W. Cubin, MO (Ret.)	Pension	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Block A		Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	L	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify, For Example: Partnership Income or Farm Income)	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E
SP						X									X																		P
DC	Examples:																				Royalties									X			
JT							X										X									X							
	SB Money Fund			X													X						X										
	Glaxo			X											X								X										
	Inv. Co. of America			X											X								X										
	Legacy Annuity					X									X			X															
	Identix			X														X				X											
	Pfizer			X											X								X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Cubin

Page 4 of 7

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Merck			X										X								X										
	Medco		X											X							X											
	Universal Display			X										X							X											
	S.P. Total Return Fund	X												X			X				X											
	Cascade International	X												X							X											
	Monsanto	X												X							X											
	Grey Wolf			X																	X											P
	State Street Mutual Fund				X									X									X									
	Casper Mtn. Land					X															X											
	Garfield Peak Land						X														X											
	TSP						X														X											
	CFCU				X											X						X										

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SCHEDULE IV — TRANSACTIONS

Name Cubin

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.		Type of Transaction			Date	Amount of Transaction										
SP DC JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-04		X								
SP	Grey Wolf	X			4-12,13-04	X									

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Name Cubin | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
Ms. Susan McMurry - Casper, WY	Round trip flight to Las Vegas, NV. for personal weekend on Private Plane owned by McMurray Company.	$510.00

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	National Rifle Association

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2005 96-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 16 PM 5:09
(Office Use Only)

Enrique R. Cuellar
(Full Name)

P.O. Box 6147
(Mailing Address)

(956) 726-9320
Daytime Telephone

Laredo, Texas 78042

Filer Status	[X] Member of the U.S. House of Representatives — State: Texas District: 28	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Enrique R. ("Henry") Cuellar	5/14/05

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Law Offices of Henry Cuellar	Legal Fees	158,294
State of Texas	Legislative Retirement	(none until retirement age)
State of Texas	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
N/A			

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Name Enrique R. Cuellar

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: $1,000,001 – $5,000,000	I: $5,000,001 – $25,000,000	J: $25,000,001 – $50,000,000	K: Over $50,000,000	L	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: Name	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: $1,000,001 – $5,000,000	X: Over $5,000,000	Block E: Transaction
SP	Mega Corp. Stock					X									X										X								P
DC, JT	Simon & Schuster			Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts							X									X										X						
	602 Reynolds Laredo, Texas 78040				X										X										X								
	4700 Marcella #74 Laredo, Texas 78040				X										X												X						
	604 Reynolds Laredo, Texas 78040				X										X										X								
	1519 Washington Laredo, Texas 78040						X								X												X						
	1520 Victoria Laredo, Texas 78040						X								X												X						
	EC Int. Trade Laredo, Texas 78040					X									X														X				

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Enrique R. Cuellar

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	
	HC Air, Inc. Laredo, Texas	E: X	RENT: X	VII: X	
	Colombia Money Market B (Changed Funds from Liberty Funds)	E: X	DIVIDENDS: X	II: X	
	Columbia Money Mkt Funds B (Changed Funds from Liberty Funds)	D: X	DIVIDENDS: X	II: X	
	401 K State of Texas State Comptroller	E: X	DIVIDENDS: X	No Income Until Retirement	
	Int'l Bank of Commerce Laredo (Savings)	C: X	INTEREST: X	III: X	

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SCHEDULE IV — TRANSACTIONS

Name Enrique R. Cuellar

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	Example Mega Corporation Common Stock	X			10/2/04		X								
	N/A														

This page may be copied if more space is required.

Name Enrique R. Cuellar | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Commerce Bank	Business and Personal										
	Laredo, Texas	Loans				X						
	East Val, Inc.	Mortgage on 1520 Victoria										
	Galveston, Texas	Laredo, Texas				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	N/A						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Attorney	Law Offices of Henry Cuellar
President	H.C. Air, Inc.
President	H.C. International Trade Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO 2005 99-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

FOR RESOURCE DEPT.
2005 MAY 16 PM 4:06
MC
(Initials Use Only)

JOHN ASHEY CULBERSON
(Full Name)

10000 MEMORIAL DRIVE SUITE 620
(Mailing Address)

Daytime Telephone

HOUSTON TEXAS 77024

Filer Status: [✓] Member of the U.S. House of Representatives — State: TEXAS! District: 7 [ ] Officer or Employee — Employing Office

Report Type: [✓] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [✓]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [✓]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [ ] No [✓]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [✓]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [✓] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [✓]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.** — Yes [✓] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [✓]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [✓]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [✓]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [✓]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Ashey Culberson	May 15 2005

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Ø		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500

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Name John Cullinan

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Mega Corp. Stock					X								X																		P
Examples. DC	Simon & Schuster			Indefinite																Royalties				X					X			
JT	1st Bank of Paducah, KY accounts						X									X									X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Cullinan

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000	P; S; E

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Name John Cullinan | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JAC	PANHANDLE PLAINS HIGHER EDUCATION AUTHORITY	STUDENT LOAN	X									
	1403 25TH ST. CANYON TEXAS 79015											
JAC	WELLS FARGO BANK	PERSONAL LINE OF CREDIT		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$300
Ø		

Use additional sheets if more space is required.

Name John Culberson | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	THE HERITAGE FOUNDATION	JAN. 21/22, '04	WASH. D.C. → BALTIMORE, MD.	Y	Y	N	N
	CHINESE INTERNATIONAL ECONOMIC COOPERATION ASSOCIATION	NOV. 28 → DEC. 4, 2004	WASH. D.C. → TAIPEI, TAIWAN				
	THE CENTER FOR THE STUDY OF POPULAR CULTURE		TAIPEI, TAIWAN → HOUSTON, TX	Y	Y	N	N
		NOV 11-12, 2004	HOUSTON, TX → BOCA RATON, FLA. BOCA RATON, FLA → WASH. D.C.	Y	N	N	N

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Name	Page
John Cullinan	9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

SPO 2005 98 729 (mac)

Use additional sheets if more space is required.

MAY 13 2005

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY 24 AM 9:19
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Elijah E. Cummings
(Full Name)

2014 Madison Avenue Baltimore, MD 21217 (410) 685-9199
(Mailing Address) Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representative	State: MD District: 07	☐ Officer Or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $286 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☑ No ☐	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $286 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Elijah E. Cummings	5/16/2005

850

SCHEDULE I - EARNED INCOME

Name Elijah E. Cummings

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Baltimore County, MD Schools	Spouse Salary	$65,000

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name Elijah E. Cummings

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Lehigh University	Speech	Jan. 19, 2004	$2,000
Winston Salem State University	Speech	Feb. 2, 2004	$500
Johns Hopkins Bayview Medical Center	Speech	Feb. 19, 2004	$1,000
St. Edward's Roman Catholic Church	Speech	Feb. 29, 2004	$100
Howard University	Speech	Mar. 21, 2004	$700
National Forum for Black Public Accountants	Speech	Apr. 5, 2004	$2,000
Northern Virginia Community College	Speech	Apr. 13, 2004	$1,500
Southern University at Shreveport	Speech	Sept. 14, 2004	$1,000
Resurrection Baptist Church	Speech	Oct. 24, 2004	$750
Douglas Memorial Church	Speech	Oct. 24, 2004	$1,000
Annual Zack Reed Scholarship Luncheon	Speech	Nov. 5, 2004	$250
Providence Baptist Church	Speech	Nov. 6, 2004	$200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Elijah E. Cummings

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	2014 Madison Ave., Baltimore, MD	$100,001 - $250,000	RENT	$5,001 - $15,000	
JT	5809 Leithwalk, Baltimore, MD	$50,001 - $100,000	N/A	NONE	S
	Elijah E. Cummings, P.A.	None	No income per House Rules. Continued existence for resolving claims only.	NONE	
	2225 St. Paul Street, Baltimore, MD	None	N/A	NONE	S

SCHEDULE IV - TRANSACTIONS

Name Elijah E Cummings

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	5809 Leithwalk, Baltimore, MD	S	6/01/04	$50,001 - $100,000
	2225 St. Paul Street, Baltimore, MD	S	Ongoing	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Elijah E. Cummings

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	CitiMortgage, Inc.	Mortgage on 2014 Madison Ave., Baltimore, MD	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Elijah E. Cummings

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Congressional Black Caucus Foundation	Jan. 12-13	BWI-Tallahasse, FL-BWI	Y	Y	N	N/A
Humpty Dumpty Institute	Jan. 16-17	Balt. - NYC - Balt.	Y	Y	N	N/A
Bethlehem MLK Committee	Jan. 19	Baltimore-Bethlehem, PA - Baltimore	N	N	N	N/A
Winston Salem State University	Feb. 2-3	BWI-Winston Salem, N.C.-BWI	Y	N	N	N/A
Black History Observance Committee	Feb. 15-16	BWI-Atlanta, GA - BWI	Y	N	N	N/A
Louisville Minority Business Association	Feb. 23	BWI-Louisville, KY -BWI	Y	Y	N	N/A
Harvard University School of Law	Mar. 6	BWI-Boston, MA-BWI	N	N	N	N/A
National Black Public Administrators	Apr. 5	Baltimore-Philadelphia, PA - Baltimore	N	N	N	N/A
Shaw University	May 7-9	BWI-Raleigh, NC-BWI	Y	N	N	N/A
Carnegie Mellon Heinz School of Public Policy	May 16	BWI-Pittsburgh, PA-BWI	N	N	N	N/A
March Funeral Home	May 25-26	Baltimore-Richomond, VA-Baltimore	N	N	N	N/A

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Elijah E. Cummings

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Seattle Urban League	May 29-30	BWI-Seattle, WA-BWI	Y	Y	N	N/A
AFL-CIO	June 25-26	BWI-Orlando, FL-BWI	Y	N	N	N/A
Yale-Howard Partnership Center	July 6	BWI-New Haven, CT-BWI	N	N	N	N/A
AFL-CIO	Aug. 11	BWI-Chicago-BWI	N	N	N	N/A
Southern University	Sept. 19-20	BWI-Shreveport, LA-BWI	Y	Y	N	N/A
Zack Reed Scholarship Fund	Nov. 5	BWI-Cleveland, OH-BWI	N	N	N	N/A
National Association of Black Social Workers	Apr. 8	BWI - Pittsburgh, PA - BWI	N	N	N	N/A

SCHEDULE VIII - POSITIONS

Name Elijah E. Cummings

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Baltimore Zoological Society, Baltimore, MD
Director	Eubie Blake Cultural Center, Baltimore, MD
Director	Learning to Lead, Inc., Baltimore, MD
Member	Morgan State University Board of Regents, Baltimore, Md
Director	National Aquarium in Baltimore, Baltimore, MD

ELIJAH E. CUMMINGS
7TH DISTRICT, MARYLAND

2235 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4741
FAX: (202) 225-3178

COMMITTEE ON
TRANSPORTATION AND
INFRASTRUCTURE

COMMITTEE ON
GOVERNMENT REFORM

Congress of the United States
House of Representatives
Washington, DC 20515

DISTRICT OFFICES

1010 PARK AVENUE
SUITE 105
BALTIMORE, MD 21201
(410) 685-9199
FAX: (410) 685-9329

754 FREDERICK ROAD
CATONSVILLE, MD 21228
(410) 719-8777
FAX: (410) 455-0110
www.house.gov/cummings

mc

HAND DELIVERED

June 15, 2005

Honorable Jeff Trandahl, Clerk, U.S. House of Representatives
Legislative Resource Center
Room B-106, Cannon House Office Building
Washington, D.C. 20515

Re: Letter Amendment of Financial Disclosure Statement for 2004 dated 5/16/2005.

Dear Mr. Trandahl:

By the original and two copies of this letter enclosed, please supplement and amend my financial disclosure statement dated 5/16/2005 (for the applicable reporting year 2004) to add to the travel payments and reimbursements previously disclosed on Schedule VII the following three trips that I took during 2004 as Chairman of the Congressional Black Caucus.

ADD TO SCHEDULE VII (CALENDAR YEAR 2004)

Source:	**Congressional Black Caucus Foundation**
Date (s):	**January 13-14, 2004**
Point of Departure—Destination—Point of Return:	**BWI - New Orleans, LA - BWI**
Lodging? (Y/N):	**Y**
Food? (Y/N):	**N**
Was a Family Member Included? (Y/N)	**N**
Any time not at sponsor's expense?	**N**
Source:	**Prairie View University**
Date (s):	**February 24, 2004**
Point of Departure—Destination—Point of Return:	**BWI - Prairie View, TX - BWI**
Lodging? (Y/N):	**N**
Food? (Y/N):	**N**
Was a Family Member Included? (Y/N):	**N**
Any time not at sponsor's expense? (Y/N:	**N**
Source:	**Congressional Black Caucus Political, Education, Leadership Institute**
Date (s):	**July 10-11, 2004**
Point of Departure—Destination—Point of Return:	**BWI - Miami, FL - BWI**
Lodging? (Y/N):	**Y**
Food? (Y/N):	**Y**
Was a Family Member Included? (Y/N):	**N**
Any time not at sponsor's expense? (Y/N:	**N**

LEGISLATIVE RESOURCE CENTER
2005 JUN 15 PM 5:02
U.S. HOUSE OF REPRESENTATIVES

Although these three trips were disclosed in accordance with House Rules within 30 days after they took place, they were not also included in my annual summary disclosure through an administrative oversight. I have undertaken appropriate steps to assure that clerical errors of this type will not be repeated.

Thank you for your assistance in clarifying this information

Sincerely,

Elijah E. Cummings, Member of Congress
EEC:mc

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2005 MAY 12 PM 4:15

U.S. HOUSE OF REPRESENTATIVES

HC

Randy "Duke" Cunningham
(Full Name)

2350 Rayburn House Office Building Washington, DC 20515 — (Mailing Address)

202-225-5452 — Daytime Telephone:

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: CA District: 50	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.		Yes ☐ No ☑
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.		Yes ☑ No ☐
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.		Yes ☐ No ☑
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.		Yes ☐ No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Randy Duke Cunningham	12 May 05

SCHEDULE I - EARNED INCOME

Name Randy "Duke" Cunningham

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Department of Education and Encinitas Union School District	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Randy "Duke" Cunningham

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Top Gun Enterprises - Sole Shareholder (Sales of aviation memorabilia and paintings; San Diego,CA)	$500,001-$1,000,000	DIVIDENDS	$15,001 - $50,000	
	Mission Valley FCU	$50,001-$100,000	INTEREST	$201-$1,000	
	Union Bank Miramar Checking	$15,001-$50,000	INTEREST	$1,001-$2,500	
	Union Bank Miramar - Checking	$1,001 - $15,000	INTEREST	$1,001 - $2,500	
SP	Union Bank Miramar - IRA	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Union Bank Miramar - IRA	$15,001 - $50,000	INTEREST	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Randy "Duke" Cunningham

JT	Congressional FCU - Checking	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Congressional FCU - Savings	$50,001 - $100,000	INTEREST	$201 - $1,000	
DC	Union Bank Miramar	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Randy "Duke" Cunningham

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Ziyad Abduljawad	April 3-8	Washington,DC-Saudi Arabia-San Diego,CA	Y	Y	N	N/A
Ziyad Abduljawad	Dec.9-14	Washington,DC-Saudi Arabia-San Diego,CA	Y	Y	N	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A

For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 13 PM 1:47

MC

U.S. HOUSE OF REPRESENTATIVES

Artur Genestre Davis
(Full Name)

1812 4th Ave. South Apt #210
Birmingham, AL 35233
(Mailing Address)

(202)225-2665
Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State: AL District: 7th; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Artur Davis	5-16-05

Name Rep. Artur Davis | Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2004	$500
Victory Faith Christian Academy	Speech	Oct. 2, 2004	$100.00
University of North Alabama	Speech	Sept 20, 2004	$2,000.00
Alabama Council of Community Mental Health Board	Speech	Aug. 25, 2004	$500.00
First Congregational Christian Church	Speech	Oct. 17, 2004	$100.00

This page may be copied if more space is required.

Name Rep. Artur Davis | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP. DC. JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	AL Commission on Higher Education			X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

Rep. Name Artur Davis | Page 1 of 2

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
Please review attached page for schedule VII information.							

This page may be copied if more space is required.

Dates	Sponsors	Point of Departure-Destination- Point of Return	Lodging	Food	Was a Family member included	Any time not at sponosor's expense
1/11/04 1/11/04	North American Securities Administration Association's	Birmingham,AL - New Orleans, LA - Birmingham,AL	N	N	N	N
3/28/04 3/28/04	Florida Regional Office of AIPAC	Birmingham,AL - Ft. Lauderdale, FL - Birmingham, AL	N	N	N	N
6/4/04 6/5/04	Law School Admission Council	Birmingham,AL - Ft. Lauderdale, FL - Birmingham, AL	N	N	N	N
6/7/04 6/7/04	Business Council of Alabama	Birmingham, AL - Orange Beach, FL - Birmingham, AL	N	N	N	N
6/13/04 6/14/04	Southern Growth Policies Group	Birimingham, AL - Oklahoma City, OK - Washington, DC	N	N	N	N
7/11/04 7/11/04	Monster.com	Birmingham, AL - Atlanta, GA - Birmingham, AL	N	N	N	N

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member of Board of Trustees	Tuskegee University
Honorary Chaieman	Regional Community Economic Development Initiative of Seventh District
Board Member	Alabama Center for Law and Civic Education

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2005 98-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A — For use by Members, officers, and employees

HD DELIVERED

LEGISLATIVE RESOURCE CENTER

2005 JUN 14 PM 4:54

HC

(Office Use Only)

Danny K. Davis
(Full Name)

5956 W. Race Chicago, IL 60644
(Mailing Address)

202-225-5006
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: IL District: 7th	☐ Officer Or Employee — Employing Office:	A $200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☑ No ☐	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑		Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	No ✓
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	No ✓

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Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Danny K. Davis	June 14, 2005

SCHEDULE I - EARNED INCOME

Name Danny K. Davis

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Illinois	Spouse Salary	$33,763.68
Davis for Congress	Spouse Salary	$7,200
Social Security	Spouse Social Security	$1,272

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name Danny K. Davis | Page 3 of 8

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Christ 1st MBC 5769 S. Wentworth	Speech	Feb. 22, 2004	$200
American Family Coalition	Speech	Feb. 4, 2004	$1,000
Illinois Association of Minorities In Government	Speech	April 9, 2004	$4,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Danny K. Davis

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Austin Bank	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Bank One	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Community Bank of Lawndale	$15,001 - $50,000	INTEREST	$1 - $200	
SP	Pegasus Fund	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
SP	Equitable IRA	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
SP	United Credit Union	$1 - $1,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Danny K. Davis

SP	Valic Annuity	$50,001 - $100,000	INTEREST	$201 - $1,000
JT	Valic Annuity	$50,001 - $100,000	INTEREST	$201 - $1,000
JT	Knight Ins. Stock	$15,001 - $50,000	DIVIDENDS	NONE

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Danny K. Davis

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Congressional Black Caucus Foundation	Jan. 12-15	Chicago - New Orleans, LA - Chicago	Y	Y	Y	None
United Auto Workers	Jan. 17-18	Chicago - Indiana, IN - Chicago	Y	Y	N	None
Chicago Black Caucus Foundation	Jan. 30-31	Chicago - Houston, TX - Chicago	Y	Y	N	None
Norbeck Community Church	Mar. 21	Chicago - Wash., DC - Chicago	N	N	N	None
Eli Lilly Co.	April 4	Chicago - St. Thomas, VI - Chicago	Y	Y	Y	None
Rep. Leonard Boswell	April 4	Chicago - Des. Moines, IA - Chicago	N	Y	N	None
Int. Assn. Parole Officers	May 2-3	Chicago - Savannah, GA - Chicago	Y	Y	N	None
Congressional Black Caucus Foundation	June 12	Chicago - Miami, FL - Chicago	N	N	N	None
National Federation for the Blind	July 4-5	Chicago - Atlanta, GA - Chicago	Y	Y	N	None
National Assn. Letter Carriers	July 18-20	Chicago - Honolulu, HI - Chicago	Y	Y	N	None
National Urban League	July 23-24	Wash., DC - Detroit, MI - Chicago	Y	Y	N	None

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Danny K. Davis

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
American Psychological Association	July 30	Chicago - Honolulu, HI - Chicago	Y	Y	N	None
Voyager Expanded Learning	Aug. 12-13	Chicago - Dallas, TX - Chicago	Y	Y	N	None
Self Reliance Credit Union	Aug. 22-25	Chicago - Kiev, Ukraine - Chicago	Y	Y	N	None
African Hebrew Israelites of Jerusalem	Aug. 28 - Sept. 4	Chicago - Tele Aviv, Israel - Chicago	Y	Y	N	None
Congressional Black Caucus Foundation	Sept. 25-26	Chicago - Los Angeles - Chicago	N	N	N	None
Caribbean News	Nov. 4-7	Chicago - St. Kitts, VI - Chicago	Y	Y	Y	None
Congressional Black Caucus Foundation	Dec. 3-4	Chicago - Oakland, CA - Chicago	N	N	N	None

SCHEDULE VIII - POSITIONS

Name Danny K. Davis

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Congressional Black Caucus Foundation
Board Member	Streetwise Newspaper
Board Member	East West University
Advisory Board	Interfaith House
Advisory Board	Prevention Partnership

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

2005 MAY 10 AM 11:18

GEOFFREY CLARK DAVIS
(Full Name)
1541 LONGWORTH HOB, WASHINGTON, DC, 20515 (202) 225-3465
(Mailing Address) Daytime Telephone

AND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: KENTUCKY District 4TH	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Geoff Davis	05-07-2005

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	REPUBLIC CONSULTING, INC.	SALARY	$102,098.36
	This was my earned income in 2004 as a private citizen before entering Federal service as an elected official.		
	Republic Consulting, Inc.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P S E
SP	Mega Corp Stock				X									X										X								P
CC Examples	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	SIMPLE IRA MAINSTAY GROWTH OPPORTUNITY B			X										X							X											
	SIMPLE IRA MAINSTAY CAPITAL APPRECIATION B			X										X							X											
	SIMPLE IRA MAINSTAY HIGH YIELD CORP BOND B			X										X							X											
	SIMPLE IRA MAINSTAY BLUECHIP GROWTH B			X										X							X											
SP	VANGUARD 500 INDEX IRA			X										X								X										
SP	VANGUARD US GROWTH IRA			X										X							X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GEOFFREY DAVIS

Page 4 of 7

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	FERS THRIFT SAVING PLAN			X																DEFERRED	X											
JT	FIFTH THIRD BANK SAVINGS			X												X						X										
JT	PENTAGON FEDERAL C.U. (Checking + Savings)			X												X						X										
JT	NATIONAL CITY BANK Checking			X												X					X											
JT	REPUBLIC CONSULTING, INC HEBRON, KY – A PROCESS SYSTEMS FIRM, C-Corp.					X								X							X											

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-04		X								
	SIMPLE IRA Fidelity - INVESCO HEALTH		X		06-24-04	X									
	SIMPLE IRA Fidelity - INVESCO TELECOM		X		06-24-04	X									
	SIMPLE IRA Fidelity - RED OAK TECH		X		06-24-04	X									
	★ THE ABOVE TRANSACTIONS WERE MADE WHILE A PRIVATE CITIZEN OVER SIX MONTHS PRIOR TO BEING SWORN INTO FEDERAL SERVICE.														

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Name GEOFFREY DAVIS | Page 6 of 67

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	HERITAGE BANK BURLINGTON, KY	CAMPAIGN LOAN				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
N/A	NOT APPLICABLE	N/A

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
PRESIDENT	REPUBLIC CONSULTING, INC. (RESIGNED EFFECTIVE 12-31-2004, PRIOR TO BEING SWORN INTO FEDERAL SERVICE)
DIRECTOR	BOARD, COURT APPOINTED SPECIAL ADVOCATE ASSOC., BOONE COUNTY, KY. (RESIGNED EFFECTIVE 12-31-2004

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
N/A	N/A	N/A

GPO: 2005 — 68-729 (mac)

Use additional sheets if more space is required.

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

FILED JUDGE OF THE

2005 MAY 16 PM 4:26

(Office Use Only)

Jim Davis
(Full Name)

409 Cannon HOB Washington, DC 20515
(Mailing Address)

202-225-3376
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: FL District: 11	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief		5/16/05

988

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jim Davis

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
DC	DC (2) Certificates--Treasury Securities, State of New York	$15,001 - $50,000	N/A	$201 - $1,000	
	State of Florida Retirement System	$15,001 - $50,000	Deferred Benefit Plan	NONE	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jim Davis

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Washington & Lee University	Jan. 28-30	Wash., D.C.--Lexington--Tampa	Y	Y	N	N/A
Democratic Leadership Council	Mar. 25-28	Wash., D.C.--Amelia Island--Tampa	Y	Y	Y	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A

For use by Members, officers, and employees

Page 1 of 6

2005 MAY 13 AM 11: 12

HAND DELIVERED

MC (Office Use Only)

Jo Ann S. Davis
(Full Name)

4741 Davis Way Gloucester VA 23061
(Mailing Address)

202 225 4261
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: VA District: 01	☐ Officer Or Employee — Employing Office:
Report Type	✓ Annual (May 15)	Amendment	Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Jo Ann S. Davis	5/12/2005

889

SCHEDULE I - EARNED INCOME

Name Jo Ann S. Davis

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Virginia State Retirement System	Spouse Retirement	n/a
Davis Property Management	Spouse Business Income	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jo Ann S. Davis

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year
JT	Chesapeake Bank	$1,001 - $15,000	Savings	$201 - $1,000	
JT	EdwardJones Investments Putnam Invt. Growth Opport.	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	ICMA Retirement	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Merrill Lynch Sep IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Sun America IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Pepco Stocks	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jo Ann S. Davis

JT	Southern Co. Stocks	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Sun America Stocks Anchor National ICAP Growth Fund	$1,001 - $15,000	DIVIDENDS	NONE	
JT	Sun America Stocks Gov't Quality Bond	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Thrift Savings Plan	$50,001 - $100,000	DIVIDENDS	NONE	
JT	7 Red Cedar Way Newport News, VA	$50,001 - $100,000	RENT	$5,001 - $15,000	
JT	56 Bedford Road Newport News, VA	$50,001 - $100,000	RENT	$5,001 - $15,000	
JT	386 Susan Constant Newport News, VA	$15,001 - $50,000	RENT	$201 - $1,000	S
JT	304-B Maple Avenue Newport News, VA	$15,001 - $50,000	RENT	$5,001 - $15,000	
JT	102 Haverstraw Yorktown, VA	$50,001 - $100,000	RENT	$5,001 - $15,000	

SCHEDULE IV - TRANSACTIONS

Name Jo Ann S. Davis

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	386 Susan Constant Newport News, VA	S	01-30-04	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name Jo Ann S. Davis

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Chesapeake Bank Gloucester, VA	Mortgage on Rental Properties	$250,001 - $500,000
	Bank of America Delaware	P. O. Box 1038 Norfolk, VA 23501	$10,001 - $15,000
	MBNA	P. O. Box 15955 Wilmington DE	$15,001 - $50,000
	American Express	Credit Card	$15,001 - $50,000

JO ANN DAVIS
First District, Virginia

COMMITTEES:
ARMED SERVICES

HOUSE PERMANENT SELECT
COMMITTEE ON INTELLIGENCE

INTERNATIONAL RELATIONS

www.house.gov/joanndavis

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–4601

WASHINGTON OFFICE:
1123 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
TELEPHONE: (202) 225–4261

DISTRICT OFFICES:
4904–B GEORGE WASHINGTON MEMORIAL HIGHWAY
YORKTOWN, VA 23692
(757) 874–6687

4500 PLANK ROAD, SUITE 105
FREDERICKSBURG, VA 22407
(540) 548–1086

508 CHURCH LANE
TAPPAHANNOCK, VA 22560
(804) 443–0668

June 9, 2005

Mr. Jeff Trandahl
Clerk, US House of Representatives
H 154- The Capitol

MC

Dear Mr. Trandahl:

This letter is to provide additional information to my 2004 Financial Disclosure Form. I was contacted by the Committee on Standards and asked to provide the following information regarding my IRA accounts. The information is as follows:

Merrill Lynch IRA	Amount
Massachusetts Investors Trust	$4793.00
Ivy International Value	$3229.00
ML Bank USA RASP	$8496.44

AIG Sun America	Amount
Government and Quality Bond	$3,555.51
Growth	$5,851.02

LEGISLATIVE RESOURCE CENTER
2005 JUN -9 PM 2: 32
U.S. HOUSE OF REPRESENTATIVES

Please let me know if you require any further information.

Sincerely,

Jo Ann Davis
Member of Congress

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 JUN 14 PM 1:46
(Archives Only)

Lincoln Edward Davis
(Full Name)

410 Cannon House Office Building
Washington DC 20515
(Mailing Address)

202-225-6831
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives	State: TN District: 4	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	N/A
	Pickett County Board of Education	Spouse Salary	NA
	State of Tennessee Retirement	Pension	$8640

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B											Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify, For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock					X							X										X							P
			Simon & Schuster		Indefinite																Royalties									X		
			1st Bank of Paducah, KY accounts						X								X									X						
	Farm land (Description in Block)										X																					
	Diversified Construction Company									X																						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lincoln Edward Davis

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P. S. E
	Real Estate Sale, Capital Gain																											X					
	Barrett Oil Purchasing LLC Royalty from mineral rights of farmland																			Oil Sale					X								

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Lincoln Edward Davis

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
	Real Estate		X		10-15-04			X							

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Diversified Construction Company which is owned by the Member has a open line of credit secured by Real Estate at People's Bank & Trust Company and at the time of this reporting no liability has occurred.											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$280

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Owner	Diversified Construction Company

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

LINCOLN DAVIS
4TH DISTRICT, TENNESSEE

COMMITTEES
TRANSPORTATION AND INFRASTRUCTURE
SCIENCE
AGRICULTURE

Congress of the United States
House of Representatives
Washington, DC 20515–4204

June 8, 2005

Description of Real Estate owned by Lincoln Davis:

307 acres co-owned in Pickett County that is bordered by Dale Hollow Lake.

200 acres co-owned in Fentress County that is bordered by Dale Hollow Lake.

Income received from real estate is the result of mineral lease and sale of oil production royalties.

This does not include any assets or liabilities on two personal residents owned by Member.

If you need any further explanation please feel free to contact me.

Sincerely,

Lincoln Davis

504 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-6831
FAX: (202) 226-5172

629 NORTH MAIN STREET
JAMESTOWN, TN 38556
(931) 879-2361
FAX: (931) 879-2389

477 NORTH CHANCERY STREET
SUITE A-1
MCMINNVILLE, TN 37110
(931) 473-7251
FAX: (931) 473-7259

1064 NORTH GATEWAY AVENUE
ROCKWOOD, TN 37854
(865) 354-3323
FAX: (865) 354-3318

1804 CARMACK BOULEVARD
SUITE A
COLUMBIA, TN 38401
(931) 490-8099
FAX: (931) 490-8675

www.house.gov/lincolndavis

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 MAY 13 PM 12: 18
U.S. HOUSE OF REPRESENTATIVES
MC

SUSAN A. DAVIS
(Full Name)

5241 CANTERBURY DRIVE SAN DIEGO, CA 92116
(Mailing Address)

619-281-6235
Daytime Telephone

(Office Use Only)

Filer Status ☑ Member of the U.S House of Representatives — State CA, District: 53 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? Yes ☐ No ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Susan A. Davis	6-12-05

SCHEDULE I - EARNED INCOME

Name SUSAN A. DAVIS

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
SELF-EMPLOYMENT	SPOUSE SALARY	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name SUSAN A. DAVIS

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	4113-15 ARBOR VITAE SAN DIEGO, CA	$250,001 - $500,000	RENT	$5,001 - $15,000	
JT	AMERICAN AADVANTAGE MILAGE FUND	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	AMERICAN INTERNATIONAL GROUP INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	ARIEL FUND	$15,001 - $50,000	None	NONE	
JT	ARIEL FUND	$1,001 - $15,000	DIVIDENDS	NONE	
JT	CAL-AMER INC PROP IV	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name SUSAN A. DAVIS

JT	CISCO SYSTEMS INC	$1,001 - $15,000	DIVIDENDS	NONE	
JT	COSTCO WHOLESALE CORP-NEW	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	DOWNEY FINANCIAL	$1,001 - $15,000	INTEREST	$201 - $1,000	S
SP	DREYFUS GNMA FUND	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	DREYFUS GNMA FUND I NC	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	DWIGHT ASSET MGT STB VAL	$1,001 - $15,000	DIVIDENDS	NONE	
SP	FIDELITY CASH RESERVES	$100,001 - $250,000	DIVIDENDS	$201 - $1,000	
SP	FIDELITY EMERGING MARKETS	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	FRANKLIN BALANCE SHEET	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	E
SP	FREMONT INVT & OAN CA	$15,001 - $50,000	DIVIDENDS	NONE	S
JT	GENERAL ELECTRIC	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	HARTFORD STOCK	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	E
SP	HARTFORD STOCK	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	HOME DEPOT INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name SUSAN A. DAVIS

SP	JANUS INVT FD	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
SP	JANUS INVT FD	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	JULIUS BAER INVT FDS	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	LOS GATOS CALIF UN SCH DIST	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	PARNASSUS INCOME TRUST	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	PAYDEN CORE BOND FUND	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
SP	PAYDEN GLOBAL SHORT BOND FUND	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
SP	PIMCO FDS PAC INVT MGMT SER	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	PIMCO FDS PAC INVT MGMT SER	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	
	PIMCO FDS PAC INVT MGMT SER	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
JT	PROCTER & GAMBLE	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	SELECTED AMERICAN SHARES INC	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
JT	SMUCKER JM COMPANY	$1 - $1,000	DIVIDENDS	$1 - $200	
SP	STRONG ADVISOR SMALL CAP	$1,001 - $15,000	DIVIDENDS	NONE	

SP	T ROWE PRICE	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	T ROWE PRICE MID CAP	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	E
	T ROWE PRICE MID CAP GROWTH FUND	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	T. ROWE PRICE EQUITY INCOME FUNDQ	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	
SP	T.ROWE PRICE MID CAP GROWTH	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	TD WATERHOUSE MMF US GOVT	$1 - $1,000	DIVIDENDS	NONE	
SP	TD WATERHOUSE MONEY MARKET	$1,001 - $15,000	INTEREST	$1 - $200	
	TD WATERHOUSE MONEY MARKET	$1 - $1,000	INTEREST	$1 - $200	
	THIRD AVENUE VALUE FUND INC	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	VANGUARD FIXED INC SECS FD	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	VANGUARD INDEX TRUST	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	VANGUARD INDEX TRUST	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	VANGUARD INDEX TRUST 500	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	VANGUARD INDEX TRUST 500	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name SUSAN A. DAVIS

JT	VANGUARD LIMITED TERM TAX EXEMPT FUND	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	VANGUARD TOTAL BOND INST	$1,001 - $15,000	DIVIDENDS	NONE	E
JT	VERIZON COMMUNICATIONS	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
JT	WAL-MART	$15,001 - $50,000	DIVIDENDS	$1 - $200	S
SP	WELLS FARGO SMALL CAP OPPTTY INSTL	$15,001 - $50,000	DIVIDENDS	NONE	P

SCHEDULE IV - TRANSACTIONS

Name SUSAN A. DAVIS

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	PAYDEN GLOBAL SHORT BOND FUND	P	4/21/04	$15,001 - $50,000
SP	PIMCO FDS PAC INVT MGMT SER	P	6/16/04	$1,001 - $15,000
SP	PIMCO FDS	P	1/14/04	$1,001 - $15,000
SP	VANGUARD FIXED INC SECS FD	P	2/13/04	$15,001 - $50,000
SP	FREMONT INVT & OAN CA	S	1/29/04	$15,001 - $50,000
JT	WAL-MART	S	7/07/04	$15,001 - $50,000
JT	DOWNEY FINANCIAL	S	7/23/04	$1,001 - $15,000
SP	WELLS FARGO SMALL CAP OPPTTY INSTL	P	12/09/04	$15,001 - $50,000
	FRANKLIN BALANCE SHEET	E	10/25/04	$1,001 - $15,000
	T ROWE PRICE MID CAP	E	10/25/04	$1,001 - $15,000
	HARTFORD STOCK	E	10/25/04	$15,001 - $50,000
	VANGUARD TOTAL BOND INST	E	10/25/04	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name SUSAN A. DAVIS

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	BANK UNITED OF TEXAS	MORTGAGE ON 4112-15 ARBOR VITAE	$50,001 - $100,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A

For use by Members, officers, and employees

HAND DELIVERED

...E RESOURCE CENTER

2005 MAY 16 PM 3:10

MC

(Office Use Only)

Thomas M. Davis III
(Full Name)

2348 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

202-225-1492
(Daytime Telephone)

Filer Status: [X] Member of the U.S. House of Representatives — State: Virginia District: 11th [ ] Officer or Employee — Employing Office

Report Type: [X] Annual May 15 [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (or aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tom Davis	5/16/05

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Virginia House of Delegates	Spouse Salary	NA
	Senate of Virginia	Spouse Salary	NA
	Student Loan Marketing Association	Spouse Salary	NA
	ICF Government, LLC	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Types of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E
SP. Mega Corp. Stock					X								X										X								P
DC. Examples: Simon & Schuster			Indefinite																Royalties									X			
JT 1st Bank of Paducah, KY accounts						X									X										X						
Oceana Property Partnership Virginia Beach, VA						X								X										X							
Suntrust Money Market Fund	X														X						X										
Bank of America-Money Market Svg.					X										X							X									
New York Life Insurance				X											X						X										
Black & Decker Stock			X												X						X										
PRC, Inc 401k Plan							X								X									X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas M. Davis III

Page 4 of 6

SP, DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
	Virginia State Public Auth. Bonds	D	DIVIDENDS	IV	
	Fairfax Co. deferred comp - 401 K	E	INTEREST	V	
	Fairfax Co. Public Imp. Funds	D	INTEREST	VI	
	Trans America Life Ins. Annuity	D	INTEREST	III	
	Dodge & Cox Stock Fund	A	CAPITAL GAINS	II	S
	Dodge & Cox Stock Fund	A	DIVIDENDS	II	S
	Jensen Portfolio CL J	A	DIVIDENDS	II	S
	Virginia Retirement System IRA	C	INTEREST	II	
	Premier Select TRAP IRA	E	INTEREST	VI	
	SCH Muni Money Fund	F	DIVIDENDS	II	P
	Schwab Muni Money Fund	D	DIVIDENDS	III	
	Fremont US Micro Cap Fund	C		I	other
	Janis Worldwide Fund	C	DIVIDENDS	II	other
	Schwab Intl. Index Fund	C	DIVIDENDS	II	other
	Schwab S&P 500 Inv. SHS	C	DIVIDENDS	II	other
	Schwab Small Cap Index Fund	C	DIVIDENDS	II	other
	Weitz Value Fund	C	DIVIDENDS	II	other
	Weitz Value Fund		CAPITAL GAINS	III	other
	*(Same fund as above - just Cap. Gains)				other
	SCH Muni Money Fund	F	DIVIDENDS	III	other
	Premier Select S&P IRA	C	INTEREST	II	

This page may be copied if more space is required. *Based on information received from broker each of these assets were not listed individually last year

SCHEDULE IV — TRANSACTIONS

Name Thomas H. Davis III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP DC JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO DAY YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-04		X								
	Dodge & Cox Stock Fund		X		6/9/04		X								
	FMI Common Stock Fund		X		6/9/04		X								
	Oakmark Global Fund		X		6/9/04		X								
	Henlopen Fund		X		6/9/04		X								
	Jensen Portfolio Class J		X		6/9/04		X								
	PBHG Mid-Cap Fund		X		6/9/04		X								
	SCH Muni Money Fund	X			12/30/04				X						
	Royce Special Equity		X		6/9/04		X								

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
RSA Security Inc.	Nov. 4-6	Wash., D.C.-Barcelona, Spain	Y	Y	Y	N
Consumer Electronics Association	Jan 7-9	Wash., D.C.-Las Vegas-Wash., D.C.	Y	Y	N	N

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TOM DAVIS
11TH DISTRICT, VIRGINIA
COMMITTEE ON GOVERNMENT REFORM
CHAIRMAN
COMMITTEE ON ENERGY AND COMMERCE
ON LEAVE

Congress of the United States
House of Representatives
Washington, DC 20515–4611

2448 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225–1492

DISTRICT OFFICES
4115 ANNANDALE ROAD
SUITE 103
ANNANDALE, VA 22003
(703) 916–9610

13544 MINNIEVILLE ROAD
WOODBRIDGE, VA 22192
(703) 690–4599
www.house.gov/tomdavis

June 7, 2005

Office of the Clerk
U.S. Capitol Room H154
Washington, DC 20515

MC ✓

Dear Mr. Trandahl:

Please find enclosed an expanded version of Schedule III of the 2004 Financial Disclosure Statement for 2004. Please contact my staff member, Darcie Brickner with any questions at 202-225-1492.

Thank you for your time and assistance in this matter. With warm regards I remain,

Sincerely,

Tom Davis

Tom Davis
Member of Congress

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 JUN -7 PM 4:53
U.S. HOUSE OF REPRESENTATIVES

PRINTED ON RECYCLED PAPER

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas M. Davis III

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transactio P, S, E
	Virginia State Public Auth Bond				X									X										X							
	Fairfax Co. deferred comp 401 k					X										X									X						
	Fairfax Co. Public Imp. Funds				X											X										X					
	Dodge & Cox Stock Fund	X															X					X									S
	Dodge & Cox Stock Fund	X												X								X									S
	Jensen Portfolio CL J	X												X								X									S
	Virginia Retirement System IRA			X												X						X									
	Trans America Life Ins. Annuity				X											X							X								
	SCH Muni Money Fund						X							X								X									P
	Schwab Muni Money Fund				X									X									X								
	Fremont US Micro Cap Fund			X																	X										other
	Schwab Intl. Index Fund			X										X								X									other
	Janis Worldwide Fund			X										X								X									other
	Schwab S&P 500 Inv. SHS			X										X								X									other
	Schwab Small Cap Index Fund			X										X								X									other
	Weitz Value Fund			X										X								X									other
	Weitz Value Fund																X						X								other
	(Same fund as above - just cap gains)																														other
	SCH Muni Money Fund							X						X									X								other
	Premier Select SEP IRA			X												X						X									
	American Balanced Class A			X												X						X									
	American Mutual Fund Cl A			X												X						X									

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*Based on information received from broker each of these assets were not listed individually la year.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

SP OC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	L	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	XI	BLOCK E Transactio
	American Cap. World Growth			X												X						X											
	Premiere Select TRAD IRA					X										X										X							
	American Balanced Class A				X																												
	American Mutual Fund Class A				X																												
	American Cap. World Growth				X																												
	STI Classic Prime Qual. Mk.		X																														

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 JUN 14 PM 2:26
U.S. HOUSE OF REPRESENTATIVES

MC

(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Nathan Deal
(Full Name)

4685 Nopone Road Gainesville, GA 30506
(Mailing Address)

770-535-2592
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: GA District: 10	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Nathan Deal	6/14/05

SCHEDULE I - EARNED INCOME

Name Nathan Deal

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria. list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Hall County Board of Education Retirement	Spouse Salary	$10,000
Social Security	Spouse	$7,500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nathan Deal

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Regions Bank Gainesville, GA	$50,001 - $100,000	INTEREST	NONE	
JT	CMA Account Sterne, Agee, & Leach Gainesville, GA	$250,001 - $500,000	INTEREST/DIVIDENDS	NONE	
JT	Retirement Account Sterne, Agee, & Leach Gainesville, GA	$250,001 - $500,000	DIVIDENDS	NONE	
SP	Retirement Account Sterne, Agee, & Leach Gainesville, GA	$100,001 - $250,000	DIVIDENDS	NONE	
JT	314 11th Street NE Washington, DC 20515	$500,001 - $1,000,000	rent	$15,001 - $50,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nathan Deal

JT	2, 1 acre lots in Habersham County, Georgia on the Chattahoochee River	$250,001 - $500,000	none	NONE	
JT	33 acres on Riverbend Road, Demorest, Georgia on the Chattahoochee River	$500,001 - $1,000,000	none	NONE	
	C& D Investments, 1602 Athens Highway, Gainesvile, Georgia 30501	$1,000,001 - $5,000,000	RENT	$15,001 - $50,000	
	15 acres, Log Cabin Road, Habersham County, Georgia	$250,001 - $500,000	none	NONE	P
JT	Mortgage on 11.6 acres off Clarks Bridge Road, Gainesville, Georgia	$100,001 - $250,000		$5,001 - $15,000	S

SCHEDULE IV - TRANSACTIONS

Name Nathan Deal

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	15 acres, Log Cabin Road, Habersham County, Georgia	P	May, 2004	$250,001 - $500,000
JT	1, 1 acre lot in Habersham County, Georgia on the Chattahoochee River	Other	August, 2004, Gift to Daughter	$50,001 - $100,000
	212 Green Street, Gainesville Georgia 1/2 interest on property	S	January, 2004	$250,001 - $500,000
	3 Acres on Flintridge Road, Gainesville, Georgia	S	May, 2004	$250,001 - $500,000
JT	11.6 acres off Clarks Bridge Road, Gainesville, Georgia	S	Jan, 04	$100,001 - $250,000

SCHEDULE V - LIABILITIES

Name Nathan Deal

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	1/2 Interest, Gainesville Salvage and Recovery, Gainesville, Georgia	mortgage on 1602 Athens Highway, Gainesville, Georgia	$250,001 - $500,000
JT	Regions Bank	mortgage on 314 11th Street, Washington, DC	$250,001 - $500,000

SCHEDULE VIII - POSITIONS

Name Nathan Deal

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Secretary	Recovery Services Inc., dba Gainesville Salvage and Disposal
Partner	C&D Investments, Inc.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A

For use by Members, officers, and employees

2005 APR 21 PM 12: 02

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

INSIDE MAIL

Peter DeFazio
Full Name

2134 RHOB
(Mailing Address)

202 225 6416
Daytime Telephone

HC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State OR District 04	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4 § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Peter DeFazio	15 Apr 05

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Name DeFazio | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
U.S. GOVT	SELF SALARY	NA
CITY OF EUGENE OR	SP SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DeFazio

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SELF	W. PATMAN FCU			X												X						X									
SELF	SELCO CU			X												X						X									
SELF	BANK OF NEW ZEALAND			X												X							X								
SELF	~~ASB~~ ASB BANK			X												X							X								
JT	1/4 Share Rental Property 36 Hampleman Avenue NZ					X									X								X								
JT	Rental 33 S Anakiwa, Anakiwa NZ						X								X										X						
SP	IRA OAKMARK EQ/Y				X																										
SP	PACIFIC CASCADE FCU			X												X						X									
SP	BANK OF NEW ZEALAND				X											X							X								
SP	SENTINEL BOND	X																			X										S, E
SP	SENTINEL BALANCED					X								X										X							(EP)
SP	SENTINEL GOVT SEC	X												X										X							S
SP	DEF COMP ING																														
	FIDELITY CONTRA				X																										
	ING FIXED					X																									
	PAY WORLD BAL			X																											
	ING VP MID CAP			X																											
	SCOBER EQ Y			X																											
	EORO PACIFIC GROWTH			X																											
	BARON GROWTH			X																											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DeFazio

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P S E
SELF	IRA																															
SELF	T ROWE P EQ Y		X	X																												S
SELF	PCLN STOCK		X																													S
SELF	DOMINI SOC EQ			X																												S
SELF	AMERITRADE RES FUND			X																												P
	CASH																															
	PROCEEDS FM ABOVE SALES																															
SP	DEF COMP ING (COMB)																															
	VAN CAMPEN COMSTOCK			X																												
	ING BAL PORTFOLIO			X																												
	TEMPLETON FOR FUND			X																												
(*	SENTINEL BOND PARTIALLY SOLD, PARTIALLY TRANSFER-EXCHANGE TO BALANCED)																															
SELF	FERS DEF COMP							X																								
SELF	OAKMARK SELECT			X																												P, S
SELF	OAKMARK MONEY MKT		X																													S
SELF	DOMINION RESOURCES			X																												P

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Name DeFazio

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
SELF	DOMINION RESOURCES	X			3/12-04										
	" "	X			4/3										
	" "	X			5/4										
	" "	X			6/5										
	" "	X			7/1	X									
	" "	X			8/4										
	" "	X			10/7										
	" "	X			11/17										
SELF	OAKMARK SELECT	X			AUTO 10TH MONTH	X									
SP	SENTINEL BOND		X	X	12/6		X								
SP	SENTINEL BALANCED	X			12/6		X								
SP	SENTINEL GOVT SEC		X		12/6	X									
SELF	OAKMARK SELECT	[redacted]	X		11/24	X									
SELF	(IRA) TROWE P. EQY		X		11/9	X									
SELF	(IRA) DOMINI SOC EQ		X		11/9	X									
SELF	(IRA) PCLN STOCK		X		11/9	X									

YR TOTAL

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	COUNTRYWIDE FUNDING	MORT. 53880 PINE GROVE LEBANON		X								
JT	BANK OF NEW ZEALAND	YEAR INTEREST MORT. 36 HEMPLEMAN ADDRESS N.Z.		X								
JT	BANK OF NEW ZEALAND	MORT. 335 ANGLIAN, ANGLIAN N.Z.			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives; gifts of personal hospitality of an individual; local meals; and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Intl Air Traffic Controllers Assoc	9/10-11	Wash DC - St Louis → Eugene	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 2005 98-729 (mac)

Use additional sheets if more space is required.

PETER A. DeFAZIO
4TH DISTRICT, OREGON

TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES:
HIGHWAYS, TRANSIT AND PIPELINES, RANKING
AVIATION
RAILROADS

HOMELAND SECURITY
SUBCOMMITTEE
ECONOMIC SECURITY, INFRASTRUCTURE PROTECTION AND CYBERSECURITY

RESOURCES
SUBCOMMITTEE
FORESTS AND FOREST HEALTH

Congress of the United States
House of Representatives

PLEASE RESPOND TO:
☐ 2134 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3704
(202) 225-6416
☐ 151 WEST 7TH AVENUE, #400
EUGENE, OR 97401-2649
(541) 465-6732
1-800-944-9603
☐ 125 CENTRAL AVENUE, #350
COOS BAY, OR 97420
(541) 269-2609
☐ 612 SE JACKSON STREET, #9
ROSEBURG, OR 97470
(541) 440-3523
☐ defazio.house.gov

May 26, 2004

MC

RECEIVED
2005 MAY 27 PM 12:59
COMMITTEE ON STANDARDS
INSIDE MAIL

Honorable Doc Hastings
Chairman
Committee on Standards of Official Conduct
HT-2 Capitol
Washington, D.C. 20515

Dear Chairman Hastings:

Pete Van Hartesveldt from the committee staff contacted my office to notify us of an oversight on my 2004 Disclosure Form. I am submitting an amended Schedule III (pages 4 & 5) that includes the missing information from the original form. I apologize for the oversight and appreciate it being brought to my attention.

I thank you in advance for your attention to this matter. If you have any questions, please contact my Executive Assistant Jamie Harrell at x5-6416.

Sincerely,

PETER DeFAZIO
Member of Congress

PAD/jch

LEGISLATIVE RESOURCE CENTER
2005 JUN -8 AM 11:24
U.S. HOUSE OF REPRESENTATIVES

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

INSIDE MAIL

Name DeFazio

Page 4 of 9

2005 JUN -8 AM 11:24

SP, DC, JT	Block A: Asset and/or Income Source	Block B: Year-End Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
Self	W. Patman FCU	C	INTEREST	II	
Self	Selco CU	C	INTEREST	II	
Self	Bank of New Zealand	C	INTEREST	III	
Self	ASB Bank	C	INTEREST	III	
JT	1/4 Share Rental Property 36 Hempleman Akaroa NZ	E	RENT	III	
JT	Rental 335 Arnekiwe Arnekiwe, NZ	F	RENT	V	
SP	IRA Dekmark EQ/Y	D	DIVIDENDS	II	
SP	Pacific Cascade FCU	C	INTEREST	II	
SP	Bank of New Zealand	D	INTEREST	III	
* SP	Sentinel Bond	A		I	S, E
* SP	Sentinel Balanced	E	DIVIDENDS	IV	(ET)
SP	Sentinel Govt Sec	A	DIVIDENDS	IV	S
SP	Def Comp ING				
	Fidelity Contra	D	DIVIDENDS	III	
	ING Fixed	E	INTEREST	II	
	Pay World Bd	C	DIVIDENDS	II	
	ING VP Mid Cap	C	DIVIDENDS	II	
	Scudder Eq Y	C	DIVIDENDS	II	
	Euro Pacific Growth	C	DIVIDENDS	II	
	Baron Growth	C	DIVIDENDS	II	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DeFazio

2005 JUN -8 AM 11:24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
LEGISLATIVE RESOURCE CENTER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
Self	IRA				
Self	T Rowe P Eq Y	C	DIVIDENDS	II	S
Self	PLN Stock	B	DIVIDENDS	II	S
Self	Dominion Sc Eq	C	DIVIDENDS	II	S
Self	Riverside Tax Fund	C Proceeds from above sales	DIVIDENDS; INTEREST	II	P
	Cash				
SP	Def Comp ING (Continued)				
	Van Kampen Comstock	C		II	
	ING Bal Portfolio	C		II	
	Templeton Fr Fund	C	DIVIDENDS	III	
(*	Sentinel Bond Partially sold, partially transfer-	exchange to balanced)			
Self	FERS Def Comp	G			
Self	Oakmark Select	C	DIVIDENDS	III	P,S
Self	Oakmark Money Mkt	B	RENT	III	S
Self	Dominion Resources	C	DIVIDENDS	III; IV	P

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

2005 MAY -4 PM 4:30

HAND DELIVERED
(Office Use Only)

Diana Louise DeGette
(Full Name)

1527 Longworth House Office Building Washington, DC 20515
(Mailing Address)

202-225-4431
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: CO District: 1	☐ Officer Or Employee — Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Diana L. DeGette	5-4-05

SCHEDULE I - EARNED INCOME

Name Diana Louise DeGette

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
McKenna Long & Aldridge LLP	Spouse's Share of Partnership Income	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Diana Louise DeGette

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Wells Fargo Bank West, N.A.	$1,001 - $15,000	Interest	$1 - $200	NA
JT	Cisco Common Stock	$1,001 - $15,000	NA	NONE	NA
IRA	Fidelity Aggressive Growth	$1,001 - $15,000	N/A	NONE	N/A
IRA	Fidelity Magellan Fund	$1,001 - $15,000	Capital Gains	$1 - $200	P
IRA	Fidelity Growth Company	$1,001 - $15,000	Capital Gains	$1 - $200	P
	Public Employees Retirement Association	$1,001 - $15,000	Interest	$201 - $1,000	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Diana Louise DeGette

SP, IRA	Boeing Company Common Stock	$1,001 - $15,000	Dividends	$1 - $200	N/A
SP, IRA	Walt Disney Company Common Stock	$15,001 - $50,000	Dividends	$201 - $1,000	N/A
SP, IRA	Owens Corning Common Stock	$1,001 - $15,000	NA	NONE	N/A
SP, IRA	Procter & Gamble Company Common Stock	$1,001 - $15,000	Dividends	$1 - $200	N/A
SP, IRA	Fidelity Growth Company	$15,001 - $50,000	Capital Gains	$1 - $200	P
SP, IRA	Fidelity Growth and Income	$1,001 - $15,000	Capital Gains	$1 - $200	P
SP, IRA	Fidelity Magellan Fund	$1,001 - $15,000	Capital Gains	$1 - $200	P
SP, IRA	Fidelity Select Electronics	$1,001 - $15,000	N/A	NONE	N/A
SP, IRA	Fidelity Select Techonology	$1,001 - $15,000	Capital Gains	$1 - $200	N/A
SP, IRA	Fidelity Aggressive Growth	$1,001 - $15,000	N/A	NONE	N/A
SP, IRA	Cisco Common Stock	$1,001 - $15,000	N/A	NONE	N/A
SP	SSgA Aggressive Balanced Fund (McKenna Long & Aldridge LLP Profit Sharing Plan)	$100,001 - $250,000	N/A	N/A	N/A
SP	SSgA Aggressive Balanced Fund (McKenna Long & Aldridge LLP 401 (k))	$1,001 - $15,000	N/A	N/A	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Diana Louise DeGette

SP	Smith Barney Appreciation Fund (McKenna Long & Aldridge 401 (k))	$1,001 - $15,000	N/A	N/A	P

SCHEDULE IV - TRANSACTIONS

Name Diana Louise DeGette

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	SSgA Stable Value Fund (McKenna Long & Aldridge 401 (k))	Sale	06/30/2004	$1,001 - $15,000
SP	SSgA Aggressive Balanced Fund (McKenna Long & Aldridge 401 (k))	Purch	06/30/2004	$1,001 - $15,000
SP	Smith Barney Appreciation Fund (McKenna Long & Aldridge 401 (k))	Purch	06/30/2004	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Diana Louise DeGette

Page 7 of 7

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
The Aspen Institute	February 17, 2004 - February 22, 2004	Denver, Colorado -- Cancun, Mexico -- Denver, Colorado	Y	Y	N	N/A
Harvard University John F. Kennedy School of Government	November 29, 2004- November 30, 2004	Denver, Colorado -- Boston, Massachusetts-- Denver, Colorado	Y	Y	N	N/A

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A Page 1 of 4
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 MAY 13 PM 3:29
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Optional Only) MC

William D. Delahunt
(Full Name)

9 Ketch Lane Quincy, MA 02171
(Mailing Address)

202-225-3111
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives State: MA District: 10 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	William D. Delahunt	May 13, 2005

SCHEDULE I - EARNED INCOME

Name William D Delahunt

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Commonwealth of Massachusetts Pension	State Pension	$55,356

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name William D. Delahunt

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Citizen's Bank, Quincy, MA	$1,001 - $15,000	INTEREST	$1,001 - $2,500	
Commonwealth of Massachusetts Deferred Compensation Plan	$250,001 - $500,000	INTEREST	$5,001 - $15,000	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name William D. Delahunt

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
German Marshall Fund	Dec. 9-11	NYC-Key Largo-Boston	Y	Y	N	N/A
Congressional Coalition on Adoption Institute	Feb 4-6	Dulles - Guatemala - Boston	Y	Y	N	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY 11 PM 2:30
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HC

HAND DELIVERED
(Office Use Only)

Rosa L. DeLauro
(Full Name)

49 Huntington Street
New Haven, CT 06511
(Mailing Address)

(202) 225-3661
Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State: CT District: 3rd — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Rosa L. DeLauro	5/11/05

Name Rosa L. DeLauro | Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Greenberg, Quinlan Rosner Research, Inc.	Spouse Salary	N/A
Greenberg Research, Inc.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Rosa L. DeLauro | Page 1 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), *provide information on each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp Stock					X								X									X									P
	Simon & Schuster		Indefinite																	Royalties								X			
	1st Bank of Paducah, KY accounts						X									X									X						
JT	Chase Manhattan~Escrow			X												X						X									
**	Bk of Amer.,CT Scholarship Fund			X												X						X									
JT	United Bank Checking							X								X						X									
S	United Bank Savings				X											X						X									
JT	Bank of America (CT)			X												X						X									

For additional assets and unearned income, use next page.

** Formerly Fleet

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
JT	Merrill Lynch-Joint				
	NM Ford Motor CDT Co.Bond	C	INTEREST	III	
	NM Sears Roebuck & Co.Bond	A	INTEREST	II	S
	NM General Motors Bond	C	INTEREST	III	
	Fed.Home Ln Mtg Corp Bond	A	INTEREST	IV	S
	Diamonds Trust Series I	D	DIVIDENDS	III	P
	I Shares TR Rus 2000	C	DIVIDENDS, INTEREST	III	S
	Midcap SPDR TR Ser 1	C	DIVIDENDS, INTEREST	III	S
	Nasdaq 100 Tr Unit Ser I	C	DIVIDENDS, INTEREST	IV	S
	Standards & Poor DEP RCPT	D	DIVIDENDS	III	
	CMA-Cash MMF	E	INTEREST	II	

Block B columns: A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000.

Block C columns: DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify).

Block D columns: I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000.

Block E columns: P, S, E.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Merrill Lynch																														
	NM Ford Motor CDT Co.Bond			X												X						X									
	NM Sears Roebuck & Co.Bond	X														X						X									S
	NM General Motors Bond			X												X						X									
	Fed.Home Ln Mtg Corp Bond	X														X								X							S
	Diamonds Trust Series I				X									X										X							P
	I Shares TR Rus 2000			X										X			X							X							S
	Midcap SPDR TR Ser I			X										X			X							X							S
	Nasdaq 100 Tr Unit Ser I			X										X			X							X							S
	Standards & Poor DEP RCPT				X									X										X							
	CMA-Cash MMF				X											X						X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
SP	TIAA Retirement					X										X									X							
SP	CREF Retirement						X										X									X						
	TIAA Retirement				X											X								X								
	CREF Retirement					X											X									X						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	Annunity Unit Shares In Manulife Financial Corp.																														
	(Insurance Company)																														
	Greenberg Quinlan Rosner Research 401(K) Plan:																														
	Sub-Advisors:																														
	MFC Pimco Total Return				X											X							X								P
	MFC Weitz Partner Value				X											X									X						P
	MFC Franklin Balance Sheet				X											X									X						P
	MFC Lord Abbett All Value				X											X									X						P
	MFC Lord Abbett Mid Cap Value				X											X									X						P
	MFC Scudder RREEF Real Estate				X											X									X						P
	MFC Excelsior Value & Res				X											X									X						P
*	MFC Jennison Growth				X											X								X							P
	MFC Templeton Foreign				X											X									X						P
	MFC Aim Small Cap Growth				X											X							X								P
	Small Cap Index Fund				X											X								X							P

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* Formerly MFC Prudential Jennison Growth

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro | Page 6 of 7

SP. DC. JT.	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P. S. E.
	The following asset is held in joint name with mother, Louise DeLauro, for estate purposes only. Asset is under control of and all income is reported by joint tenant, Louise DeLauro.																															
*	Bank of America Checking			X																												

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Proceeds Flow Checking

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
SP	Greenberg Quinlan Rosner	J	SEE STATEMENT I	I	
	Research Inc. 67% Owner				
	10 G Street, NE				
	Washington, DC				
	Polling/Consulting Services				
SP	Greenberg Research Inc.	E	SEE STATEMENT II	I	
	100% Owner				
	10 G Street, NE				
	Washington, DC				
	Strategic Consulting				
SP	Sun Surveys LLC	C	Ordinary Income	VII	
	60% Owner				
	9425 Sunset Drive				
	Miami, FL				
	Phone Surveys				

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-04		X								
JT	Merrill Lynch														
	NM Sears Roebuck & Co. CLD		X		6/15/04	X									
	Federal Home Ln Mtg Corp		X		9/27/04		X								
	IShares Tr Rus 2000 I FD		X		8/31/04	X									
	Midcap SPDR Tr Ser 1		X		8/31/04	X									
	Nasdaq 100 Tr Unit Ser 1		X		8/31/04	X									
	Diamonds Trust Ser 1	X			9/30/04		X								

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Name Rosa L. DeLauro

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	Merrill Lynch														
	NM Sears Roebuck & Co. CLD		X		6/15/04	X									
	Federal Home Ln Mtg Corp		X		9/27/04	X									
	IShares Tr Rus 2000 I FD		X		8/31/04	X									
	Midcap SPDR Tr Ser 1		X		8/31/04	X									
	Nasdaq 100 Tr Unit Ser 1		X		8/31/04	X									
	Diamonds Trust Ser 1	X			9/30/04	X									

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Name Rosa L. DeLauro | Page 3 of 3

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-01		X								
SP	Annuity Unit Shares In Manulife Financial Corp														
	Greenberg Quinlan Rosner Research 401(K) Plan														
	MFC Pimco Total Return	X			Monthly	X									
	MFC Weitz Partner Value	X			Monthly	X									
	MFC Franklin Balance Sheet	X			Monthly	X									
	MFC Lord Abbett All Value	X			Monthly	X									
	MFC Lord Abbett Mid Cap Value	X			Monthly	X									
	MFC Scudder RREEF Real Estate	X			Monthly	X									
	MFC Excelsior Value & Res	X			Monthly	X									
*	MFC Jennison Growth	X			Monthly	X									
	MFC Templeton Foreign	X			Monthly	X									
	MFC Aim Small Cap Growth	X			Monthly	X									
	Small Cap Index Fund	X			Monthly	X									

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* [illegible] Jennison Growth

Name Rosa L. DeLauro	Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Generic Pharmaceutical Assn.	Mar 1-2	New York-Ft.Lauderdale-West Palm Beach-Wash.DC	Y	N	N	N

If any, attach additional sheets as required.

Name	Rosa L. DeLauro	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Fellow	Timothy Dwight College- Yale University
Member of Board of Directors	Women's Campaign School - Yale University
Honorary Board Member	Special Olympics - Connecticut
Advisory Board Member	Sisters Journey

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

Rosa L. DeLauro
49 Huntington Street
New Haven, CT 06511

House of Representatives, CT, 3rd District

ATTACHMENTS: BASIS OF VALUATION

Statement I, Schedule III, Page 7:

Greenberg Quinlan Rosner Research Inc. – Ownership value based on an independent business valuation.

Statement II, Schedule III, Page 7:

Greenberg Research, Inc. – Ownership value based on an independent business valuation.

HAND DELIVERED

2262 Rayburn House Office Building
Washington, DC 20515-0703
(202) 225-3661

90 Elm Street
Second Floor
New Haven, CT 06510
(203) 562-3318

Durham/Middlefield/Middletown
(860) 344-1159

Stratford
(203) 378-1905

Website: http://www.house.gov/delauro

UNITED STATES
HOUSE OF REPRESENTATIVES
ROSA L. DeLAURO
3d District, Connecticut

LEGISLATIVE RESOURCE CENTER
2005 MAY 24 PM 3: 12
U.S. HOUSE OF REPRESENTATIVES

Co-Chair, Democratic Steering and Policy Committee

Committee on Appropriations
Subcommittees
Ranking Member
Agriculture, Rural Development, Food and Drug Administration, and Related Agencies
Labor, Health and Human Services, and Education

Committee on the Budget

May 24, 2005

MC

Clerk of the House
Legislative Resource Center
B106 Cannon
Washington, D.C. 20515

Dear Sir:

As requested, this letter provides additional information for my 2004 financial disclosure statement. Schedule III-Assets and Unearned Income, page 4 of 7, should now read:

SP TIAA Traditional - Retirement
SP CREF Stock-Retirement

TIAA Tradional-Retirement
CREF Stock-Retirement

If I can provide additional information, please feel free to call Nancy Mulry on 53661.

Sincerely,

ROSA L. DeLAURO
Member of Congress

PRINTED ON RECYCLED PAPER

/7

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
ACTIVE RESOURCE CENTER
MC 2005 MAY 16 PM 4:31
(Office Use Only)

Thomas Dale DeLay
(Full Name)

H-107, The Capitol Washington, DC 20515
(Mailing Address)

202-225-4000
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative — State: TX, District: 22	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☑ No ☐	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Thomas Dale DeLay	5-16-05

SCHEDULE I - EARNED INCOME

Name Thomas Dale DeLay

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Americans for a Republican Majority	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Dale DeLay

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Exxon Mobile Common Stock	$50,001 - $100,000	Dividends	$1,001 - $2,500	
JT	Congressional Credit Union	$1 - $1,000	Interest	$201 - $1,000	
JT	Wells Fargo Bank	$15,001 - $50,000	Interest	$201 - $1,000	
JT	Charles Schwab MM	$15,001 - $50,000	Interest	$201 - $1,000	

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SCHEDULE IV - TRANSACTIONS

Name Thomas Dale DeLay

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Exxon Mobile Common Stock (Series of Dividend Reinvestments -- Greater than $1,000)	P	3-10-04 6-10-04 9-10-04 12-10-04	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Thomas Dale DeLay

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Bracewell & Patterson LLP	Legal Expenses	$100,001 - $250,000
	Law Offices of William A. White/Steve Brittain	Legal Expenses	$10,001 - $15,000
	McDermott, Will & Emery	Legal Expenses	$15,001 - $50,000

SCHEDULE VI - GIFTS

Name Thomas Dale DeLay

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
See Attachment	Contributions to Legal Expense Fund (Legal expenses have been previously disclosed in public records at the Legislative Resource Center)	$439,300

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Thomas Dale DeLay

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
The Congressional Institute, Inc.	Jan. 14-16	Wash., D.C.--St. Michaels, MD	Y	Y	N	N
IDT, Inc.	Jan. 29	Phila., PA --NYC--Phila., PA	N	N	N	N
The Barbara Sinatra Children's Center	Feb. 12-15	Palm Springs, CA -- Houston	Y	Y	Y	N
DeLay Foundation for Kids	Apr. 3-6	Houston--Miami--Houston	Y	Y	Y	N
The Congressional Institute, Inc.	Nov. 30-Dec. 2	Houston--Richmond--Houston	Y	Y	N	N

The Tom Delay Legal Expense Trust
Detail for Contributions over $285
January 1, 2004 - December 31, 2004

Donor Corporations		Amount
21st Century PAC Washington, DC	$	5,000.00
America's Majority Trust - Rob Portman, Honorary Chairman Washington, DC	$	5,000.00
American Prosperity PAC - Randy Duke Cunningham, Honorary Chairman Washington, DC	$	5,000.00
American Success PAC, David Dreier, Honorary Chairman Washington, DC	$	5,000.00
Appriss PAC Louisville, KY	$	1,000.00
Ashland, Inc. PAC for Employees Ashland, KY	$	2,000.00
Barrett for Congress Committee Westminster, SC	$	5,000.00
Bill Thomas Campaign Committee Bakersfield, CA	$	5,000.00
Bizwil, Inc. Lexington, KY	$	5,000.00
Bizzack, Inc. Lexington, KY	$	5,000.00
Black Diamond, Inc. Mt. Sterling, KY	$	1,000.00
Bob Beauprez for Congress Wheatridge, CO	$	1,000.00
Brown-Waite for Congress for Committee Brooksville, FL	$	1,000.00

The Tom Delay Legal Expense Trust
Detail for Contributions over $285
January 1, 2004 - December 31, 2004

Donor Corporations (continued)		Amount
Care PAC-Multicandidate Alexandria, VA	$	5,000.00
Chocola for Congress South Bend, IN	$	2,500.00
Christopher Cox Congressional Committee Newport Beach, CA	$	5,000.00
Codell Construction Company Winchester, KY	$	5,000.00
Cole for Congress Norman, OK	$	5,000.00
Committee to Re-Elect Dana Rohrabacher Huntington Beach, CA	$	5,000.00
Conwood Company Memphis, TN	$	5,000.00
Culberson for Congress Houston, TX	$	5,000.00
Darrell L. Saunders, Attorney at Law Corbin, KY	$	5,000.00
Devin Nunes for Congress Pixley, CA	$	5,000.00
DFM Processing, LLC Allen, KY	$	5,000.00
DOC PAC, Dr. Phil Gingrey Washington, DC	$	5,000.00
E-Cavern Crestwood, KY	$	1,000.00

The Tom Delay Legal Expense Trust
Detail for Contributions over $285
January 1, 2004 - December 31, 2004

Donor Corporations (continued)		Amount
Easyrider Construction Company Mt. Sterling, KY	$	1,000.00
Engergex Systems, Inc. Emerson, NJ	$	5,000.00
Eureka PAC Ken Calvert, Honorary Chairman Washington, DC	$	5,000.00
Florida Crystals Corporation West Palm Beach, FL	$	2,500.00
Friends of Jeb Hensarling Dallas, TX	$	5,000.00
Friends of Roy Blunt Springfield, MO	$	5,000.00
Friends of Sam Johnson Plano, TX	$	5,000.00
Friends of Scott McInnis, Inc. Grand Junction, CO	$	5,000.00
Future Leaders PAC, Jerry Lewis, Honorary Chairman Washington, DC	$	5,000.00
Gallegly for Congress Simi Valley, CA	$	5,000.00
Gary Miller for Congress Diamond Bar, CA	$	5,000.00
Hal PAC, Hal Rogers, Honorary Chairman Washington, DC	$	5,000.00

The Tom Delay Legal Expense Trust
Detail for Contributions over $285
January 1, 2004 - December 31, 2004

Donor Corporations (continued)		Amount
Henley Properties, Inc. Santa Anna, CA	$	1,000.00
Hinkle Contracting Corporation Paris, KY	$	5,000.00
Hunter for Congress La Mesa, CA	$	5,000.00
Huntsman Corporation Houston, TX	$	5,000.00
Huntsman, LLC PAC The Woodlands, TX	$	5,000.00
Infinity Business Group Pikeville, KY	$	2,500.00
Inland Group Newport Beach, CA	$	1,000.00
Issa for Congress Vista, CA	$	5,000.00
Jeff Miller for Congress Pensacola, FL	$	5,000.00
Jo Bonner for Congress Committee Mobile, AL	$	5,000.00
Joe Wilson for Congress Committee West Columbia, SC	$	5,000.00
John Carter for Congress Round Rock, TX	$	5,000.00
John T. Doolittle for Congress Sacramento, CA	$	5,000.00

The Tom Delay Legal Expense Trust
Detail for Contributions over $285
January 1, 2004 - December 31, 2004

Donor Corporations (continued)		Amount
JTS Incorporated Orlando, FL	$	5,000.00
Kay Granger Campaign Fund Fort Worth, TX	$	5,000.00
Kentucky Assoc. of Highway Contractor, Inc. Frankfort, KY	$	5,000.00
KPAC Dallas, TX	$	5,000.00
LaCrosse Enclosures, Inc. Monticello, KY	$	500.00
Larry Stigers Equipment Trailers & Trucks Frankfort, KY	$	5,000.00
Lee's Ford Dock, Inc. Somerset, KY	$	5,000.00
M&D General Contractors, Inc. Barbourville, KY	$	5,000.00
Mark Two Engineering, Inc. Miami, FL	$	5,000.00
Mary's PAC - Mary Bono, Honorary Chairman Washington, DC	$	5,000.00
Michael Burgess for Congress Denton, TX	$	5,000.00
Nami Resources Company, LLC London, KY	$	2,500.00
Outdoor Venture Corporation Stearns, KY	$	5,000.00

The Tom Delay Legal Expense Trust
Detail for Contributions over $285
January 1, 2004 - December 31, 2004

Donor Corporations (continued)		Amount
Phoenix Products, Inc. Berea, KY	$	2,000.00
Porter for Congress Las Vegas, NV	$	5,000.00
R.J. Reynolds Tobacco Company Winston-Salem, NC	$	5,000.00
Radanovich for Congress Rancho Santa Margari, CA	$	5,000.00
Rich PAC - Richard Pombo, Honorary Chairman Washington, DC	$	5,000.00
Rogers for Congress Anniston, AL	$	5,000.00
Rely On Your Beliefs Fund Roy Blunt, Honorary Chairman Washington, DC	$	5,000.00
Stephens Development, LLC Whitley City, KY	$	2,000.00
Sunshine PAC Clinton, MD	$	5,000.00
Texans for Henry Bonilla Schertz, TX	$	5,000.00
Texans for Lamar Smith, Re-Elect San Antonio, TX	$	5,000.00
The American Dream PAC San Antonio, TX	$	5,000.00

The Tom Delay Legal Expense Trust
Detail for Contributions over $285
January 1, 2004 - December 31, 2004

Donor Corporations (continued)		Amount
The Preston Group, Inc. Lexington, KY	$	1,500.00
Tom Feeney for Congress Tampa, FL	$	5,000.00
Tools For You, LLC Mt. Sterling, KY	$	1,000.00
Travis Consulting Lexington, KY	$	500.00
Village Spirits Hazard, KY	$	5,000.00
Wally Herger for Congress Chico, CA	$	5,000.00
Zia PAC Washington, DC	$	2,000.00
Total Corporations	$	344,500.00

Donor Individuals		Amount
Charles J. Baird Pikeville, KY	$	5,000.00
Ted Baseler Bellevue, WA	$	5,000.00
Sharon K. Bird Hazard, KY	$	1,000.00
Steve Bluestein Zionsville, IN	$	500.00

The Tom Delay Legal Expense Trust
Detail for Contributions over $285
January 1, 2004 - December 31, 2004

Donor Individuals (continued)		Amount
J.E. Bohannon, III Bowling Green, KY	$	5,000.00
Roy Campbell Combs, KY	$	5,000.00
Henry Chaney, Jr. Pikeville, KY	$	5,000.00
Joe E. Coons Lexington, KY	$	1,000.00
Theodore H. Cutler Boston, MA	$	5,000.00
Robert T. D'Allessandro New Canaan, CT	$	5,000.00
Mable Duke Blackey, KY	$	1,000.00
Robert J. Eichenberg Newport Beach, CA	$	1,000.00
Raul J. Fernandez Reston, VA	$	5,000.00
James H. Frazier, III Lexington, KY	$	1,000.00
Neva Gibson Lexington, KY	$	2,000.00
Marilyn L. Gibson Catlettsburg, KY	$	1,000.00

The Tom Delay Legal Expense Trust
Detail for Contributions over $285
January 1, 2004 - December 31, 2004

Donor Individuals (continued)		Amount
Vincent A. Gierer, Jr. Greenwich, CT	$	5,000.00
Shane A. Hornback Hillsboro, KY	$	500.00
Jon M. Huntsman Salt Lake City, UT	$	5,000.00
Peter R. Huntsman Houston, TX	$	5,000.00
Charles E. Hurwitz Houston, TX	$	5,000.00
Howard Jonas Bronx, NY	$	5,000.00
Murray Kessler Bedford Corners, NY	$	5,000.00
J.W. Kinzer Allen, KY	$	2,000.00
Richard A. Kohlberger Greenwich, CT	$	5,000.00
David O. Martin Rockville, MD	$	1,000.00
Edgar M. McGee, Jr. Mt. Sterling, KY	$	500.00
Milton S. Pullen, Jr. Lexington, KY	$	1,000.00
Donald H. Putnam, Jr. Naples, FL	$	1,000.00

The Tom Delay Legal Expense Trust
Detail for Contributions over $285
January 1, 2004 - December 31, 2004

Donor Individuals (continued)		Amount
Allen Ravenscraft Clearfield, KY	$	1,000.00
Sidney B. Reisman Pepper Pike, Ohio	$	1,000.00
Tony Sloan Albany, KY	$	2,000.00
Leonard M. Spalding, Jr. Springfield, KY	$	1,000.00
James D. Trimble Denniston, KY	$	300.00
Total Individuals	$	94,800.00
Total	**$**	**439,300.00**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

2005 MAY 10 PM 12:27

HAND DELIVERED
(Office Use Only)

Charles W Dent
3600 Eleventh Str Terrace
Allentown PA 18104-1115
(Mailing Address) (Daytime Telephone) 610-439-0027

Filer Status	[X] Member of the U.S. House of Representatives	State District PA 15	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependant child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

"This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)."

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Chl W Dent	5/7/05

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Senate of Pennsylvania	Legislative Salary	66,510

For payments to charity in lieu of honoraria, use Schedule II.

Name Charles W. Dent | Page 3 of 13

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2004	$500
N/A			

This page may be copied if more space is required.

Name Charles W Dent | Page 4 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Transaction (P, S, E)
SP	Mega Corp Stock	E	X								P
DC	Simon & Schuster	Indefinite							Royalties		
JT	1st Bank of Paducah, KY accounts		X								
SP	American Bank	D			X					III	
	American Bank	D			X					III	
JT	AFLAC Inc	C		X						V	
JT	Agco A & B	A		X						I	
JT	Air Products	C		X						III	
JT	Bank of America	D		X						IV	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Charles W Dent

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
JT	Lucent Technologies		X											X							X											
JT	Alliance Tax Trust Fund			X										X																		
JT	Alliance Tax Growth Fund			X										X																		
JT	Wachovia Bank Sweep			X												X						X										
	Wachovia Bank Sweep			X																IRA	X	X										
	Agere Systems		X																	IRA	X											
	Avaya		X																	IRA	X											
	Lucent Technologies		X																	IRA	X											
	Gabelli Equity Trust			X																IRA	X		X									
	Gabelli Utility Trust		X																	IRA	X	X										
X	Wachovia Bank Sweep			X											X	X						X										
DC	Alliance Bernstein Growth			X										X								X										
DC	Alliance Bernstein Large Cap		X											X								X										
DC	Oppenheimer Quest			X										X								X										
DC	UK Harbor Fd CL A			X										X								X										
DC	Salomon Brothers Fund			X										X								X										
DC	American Bank			X												X							X									
DC	Lafayette Harbor Sec-Bk		X													X						X										
JT	Treasury Fund Money Clm		X											X								Y										
JT	Wachovia Corp			X										X									X									
	PA SERS					X													PA State Pension		X											
	PA Deferred Comp					X													PA State Pension		X											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Charles W Dent

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	TIAA-CREF				X															Retirement Annuity	X											
SP	Merrill Lynch				X															IRA	X											
SP	IRA Tap Account			X																529 Acc	X											
JT	BANK OF AMERICA			X												none				checking account												

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Name Charles W. Dail | Page 7 of 13

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.		Type of Transaction			Date	Amount of Transaction										
SP DC JT	Asset	PURCHASE	SALE	EXCHANGE	(MO DAY YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-04		X								
	N/A														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
N/A							

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Name Charles L. Dent	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Board Member	Community Services for Children
" "	Crime Victims Council of the Lehigh Valley
" "	PA Council on the Arts
" "	Ben Franklin Technology Partners
" "	PA Commission on Crime & Delinquency

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

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HC

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A

For use by Members, officers, and employees

Lincoln Diaz-Balart
(Full Name)

8525 NW 53 Terrace, Suite 102 Miami, FL 33166
(Mailing Address)

305-470-8555
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: FL District: 21	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5 11 05

995

SCHEDULE I - EARNED INCOME

Name Lincoln Diaz-Balart

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Transatlantic Bank, Miami, FL	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lincoln Diaz-Balart

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Fidelity Puritan Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	AG Edwards & Sons	$1,001-$15,000	DIVIDENDS	$201 - $1,000	
SP	Citibank Savings	$1,001 - $15,000	INTEREST	$1 - $200	
	New England Life	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
SP	Morgan Stanley Retirement Plan 401 K				
SP	Van Kampen Corporation Bond Fund Class A	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lincoln Diaz-Balart

SP	Alliance Bernstein Growth Income Fund	$1,001 - $15,000	DIVIDENS	$1 - $200	
SP	Van Kampen Mid Cap Growth Fund - Class A	$1,001 - $15,000			

SCHEDULE V - LIABILITIES

Name Lincoln Diaz-Balart

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Bank of America	Line of credit	$15,001 - $50,000

SCHEDULE VIII - POSITIONS

Name Lincoln Diaz-Balart

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman	Congressional Hispanic Leadership Institute

FOOTNOTES

Name Lincoln Diaz-Balart

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Funds in 401 K listed below	Morgan Stanley Retirement Plan 401 K
2	Schedule III	Does not generate income	Van Kampen Mid Cap Growth Fund Fund - Class A
3	Schedule VIII	Uncompensated	Chairman

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 12 AM 10: 59
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only) MC

Mario Diaz-Balart
(Full Name)

7270 NW 6 Street
Miami, Fl. 33126
(Mailing Address)

305-225-6866
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State FL District 25	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/10/05

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$[illegible]
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Hewlett-Packard Company	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
	XYZ Magazine	Article	Aug. 13, 2004	$500

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Name Mario Diaz-Balart | Page 4 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP, DC, JT	Examples	A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P; S; E
SP	Mega Corp. Stock	E	DIVIDENDS: X	IV	P
	Simon & Schuster	Indefinite	Royalties	IX	
	1st Bank of Paducah, KY accounts	F	INTEREST: X	VI	
SP	16558 NE 26 Ave #5C, N. Miami Beach, Fl. 33160	F	DIVIDENDS: X	VI	—

For additional assets and unearned income, use next page.

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SCHEDULE IV — TRANSACTIONS

Name Mario Diaz-Balart | Page 5 of 8

SP DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
SP	16558 NE 21 Ave #5C, N. Miami Beach, FL 33160	X			9/04				X						

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Wacovia Bank	Boat Loan		X								
	Bank of America	Line of Credit		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$291

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2005 — 99-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 27 AM 10: 40
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Mario Diaz-Balart
(Full Name)

7270 NW 6 Street
Miami, FL. 33126
(Mailing Address)

305-225-6866
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State: FL District: 25	☐ Officer or Employee	Employing Office
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/26/05

1010

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Hewlett-Packard Company	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Mario Diaz-Balart | Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
	XYZ Magazine	Article	Aug. 13, 2004	$500

This page may be copied if more space is required.

Name Mario Diaz-Balart | Page 4 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT — *Examples*	SP Mega Corp. Stock	X	X	X	P
	Simon & Schuster	Indefinite		X	
	1st Bank of Paducah KY accounts	X	X	X	
SP	16558 NE 26 Ave. #5C N. Miami Beach, FL 33160	X	X	X	—

For additional assets and unearned income, use next page.

Name Mario Diaz-Balart | Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
SP	16558 NE 26 Ave #5C, N. Miami Beach, FL 33160	X			9/04				X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,000–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Wacovia Bank	Boat Loan		X								
	Bank of America	Line of Credit		X								
SP	New Century, Irvine Ca.	Mortgage on: 10558 NE 26 ave #5C, N. Miami Beach, FL 33160				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of the status of their relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$[illegible]

Use additional sheets if more space is required.

Name Mario Diaz-Balart | Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2005 98-729 (mac)

Use additional sheets if more space is required.

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY 16 PM 3:52
(Office Use Only)

MC

NORMAN D. DICKS
(Full Name)

2467 RAYBURN HOB WASHINGTON, DC 20515
(Mailing Address)

202-255-5916
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representative — State: WA — District: 06 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Norman D. Dicks	16/May, Monday, 05

1018

SCHEDULE I - EARNED INCOME

Name NORMAN D. DICKS

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
US Capitol Historical Society	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name NORMAN D. DICKS

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP	Massachusetts Mutual Life Ins, Panorama Premier, American Century VP Value, Spring Field, MA IRA	$15,001 - $50,000	DIVIDENDS	NONE	
	Massachusetts Mutual Life Ins, Panorama Premier, American Century VP Value, Springfield, MA IRA	$15,001 - $50,000	DIVIDENDS	NONE	
SP	Lincoln Life Multi Fund, P.O. Box 2340, Fort Wayne, IN 46801 Retirement Annuity This is total of Multi Fund account The break down of the four accounts within the Multi Fund are below	$50,001 - $100,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name NORMAN D. DICKS

SP	Lincoln Life-AFIS Growth	$1,001 - $15,000	DIVIDENDS	NONE	
SP	Lincoln Life-AFIS International	$15,001 - $50,000	DIVIDENDS	NONE	
SP	Lincoln Life-AMT MidCap Growth	$1,001 - $15,000	DIVIDENDS	NONE	
SP	Lincoln Life-Smal Cap Value	$15,001 - $50,000	DIVIDENDS	NONE	
	Wright Patman Congressional FCU - P.O. Box 23267, Washington, DC 20026	$15,001 - $50,000	INTEREST	$1 - $200	
SP	Wachovia Bank,N.A. North Capitol and E Washington, DC	$1,001 - $15,000	INTEREST	NONE	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name NORMAN D. DICKS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Aspen Institute	Jan. 5, 2004-Jan. 11, 2004	DC-Honolulu-DC	Y	Y	Y	N/A
NASDAQ	Apr 2, 2004-Apr. 4, 2004	DC-Miami, FL-DC	Y	Y	Y	N/A
Boeing Corp	Apr. 7, 2004-Apr. 18, 2004	Seattle, WA-Los Angeles-Seattle, WA	Y	Y	N	9 days
Northrop Grumman	Nov. 10, 2004-Nov. 15, 2004	DC-Los Angeles-DC	Y	Y	N	2 days
SSA Marine, Inc	Dec.1, 2004-Dec. 6, 2004	Seattle, WA-Manzanillo, Mexico-Panama City, Panama-Washington, DC	Y	Y	N	3 days

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

2005 MAY 16 PM 3:48

MC

(Office Use Only)

John D. Dingell
(Full Name)

2328 Rayburn HOB Washington, DC 20515
(Mailing Address)

202-225-4071
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representative — State: MI, District: 15	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions-	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☑ No ☐

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John D. Dingell	5-16-2005

1023

SCHEDULE I - EARNED INCOME

Name John D. Dingell

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
General Motors Corporation	Spouse salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Adams Express Co Maryland	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	P
SP	AIM Aggressive Growth Fund Class A	$1,001 - $15,000			
JT	Alliance Bernstein Premier Growth Fund (name addition)	$15,001 - $50,000			
JT	American Intl Group Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	Apple Computer Inc	None			S
JT	Bank of America Corp	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

JT	Bank One	$1,001 - $15,000	INTEREST		
JT	Brandywine Fund Inc	$15,001 - $50,000			
SP	Cincinnati Bell Inc	$1,001 - $15,000			
	Citibank NA Bank Deposit Program	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Citigroup Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Columbia Acorn Fund Z	$100,001 - $250,000	CAPITAL GAINS/DIVIDENDS	$2,501 - $5,000	
SP	Conagra Foods Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
JT	Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Conoco Phillips	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Cummins Inc	None	DIVIDENDS	$1 - $200	S
SP	CVS Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
JT	Davis New York Venture Fund	$100,001 - $250,000	DIVIDENDS	$201 - $1,000	
SP	Delphi Corp	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	DirecTV Group Inc (formerly Hughes Electronic Corp)	$15,001 - $50,000			

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

JT	Dodge and Cox Stock Fund	$15,001 - $50,000	CAPITAL GAINS/DIVIDENDS	$1,001 - $2,500	P
	EI DuPont DeNemours & Co	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Electronic Data Sys Corp New	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	EMC Corp-Mass	$1,001 - $15,000			
	Gabelli Asset Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
JT	General Electric Co	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
SP	General Motors Corp	$100,001 - $250,000	DIVIDENDS	$2,501 - $5,000	
SP	General Motors Corp Stock Options	$500,001 - $1,000,000			
SP	General Motors Pension Fund	N/A as pension is vested			
SP	General Motors Savings-Stock Purchase Program (SSPP)	$500,001 - $1,000,000			
	Heartland Value Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	
SP	Ingersoll Rand Co	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	Intel Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Istar Finl Inc	$1,001 - $15,000	/DIVIDENDS/CAPITAL GAINS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

	Johnson & Johnson	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Kent Hospital Fin Auth Mich Bond	$50,001 - $100,000	INTEREST	$201 - $1,000	
JT	Legg Mason Value Trust	$15,001 - $50,000			
SP	Marsh & McLennan Cos Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Merck & Co Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Muniyield Mich INSD FD INC	$15,001 - $50,000			P
JT	Mutual Beacon	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	Mutual Qualified	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	
JT	Mutual Shares	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
SP	Newell Rubbermaid Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
SP	News Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Nicholas Fund, Inc.	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1 - $200	
	Oppenheimer Global Fund	$1,001 - $15,000			
SP	Pfizer Inc	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

SP	PIMCO Innovation Fund	$1,001 - $15,000			
SP	Praxair Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Procter & Gamble Co	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Putnam Voyager Fd Inc	$1,001 - $15,000			
SP	Sara Lee Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
JT	Smith Barney Appreciation Fund Class A	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
JT	Smith Barney Municipal Money Market Fund	$15,001 - $50,000	CAPITAL GAINS	$1 - $200	
	Spectra Fund	$1,001 - $15,000			
SP	St Paul Travelers Cos Inc	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
JT	The Torray Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
SP	Time Warner Inc	$1,001 - $15,000			
SP	Tyco International LTD	$15,001 - $50,000	DIVIDENDS	$1 - $200	
SP	UTS GMAC Def Int Deb-Princpl	None			S
	UTS Uncommon Values TR # 2003 A Annl PMT Series	None	DIVIDENDS		S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John D. Dingell

	UTS Uncommon Values TR #2004 A ANNL PMT Series	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	VanKampen Emerging Growth Fund	$1,001 - $15,000			
JT	Wachovia Bank	$100,001 - $250,000	INTEREST	$1 - $200	
JT	Wachovia Securities	$15,001 - $50,000			
SP	Wal-Mart Stores Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
JT	Washington Mutual Inc	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
SP	Wells Fargo & Co	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name John D. Dingell

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Muniyield Mich INSD FD INC	P	9-14-04	$15,001 - $50,000
JT	American Intl Group Inc	P	4-2-04	$15,001 - $50,000
	UTS Uncommon Values TR #2004 A ANNL PMT Series	P	7-20-04	$15,001 - $50,000
SP	CVS Corp	P	4-2-04	$1,001 - $15,000
SP	Conagra Foods Inc	P	5-6-04	$1,001 - $15,000
SP	Newell Rubbermaid Inc	P	5-6-04	$1,001 - $15,000
SP	St Paul Travelers Cos Inc	P	9-14-04	$15,001 - $50,000
SP	Sara Lee Corp	P	5-6-04	$1,001 - $15,000
	Adams Express Co Maryland	P	11-23-04	$1,001 - $15,000
	UTS Uncommon Values TR #2003 A ANNL PMT Series	S	7-20-04	$15,001 - $50,000
SP	Apple Computer Inc	S	4-2-04	$15,001 - $50,000
SP	UTS GMAC DEF INT Deb-Prin	S	5-6-04	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name John D. Dingell

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Cummins Inc	S	4-9-04	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John D. Dingell

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
General Motors	July 17, 2004	Shepherdstown, VA to Detroit	N	N	N	N

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 MAY 16 PM 2:13
MC
(Office Use Only)

Lloyd Doggett
(Full Name)

1157 San Bernard Street Austin, TX 78702
(Mailing Address)

2022254865
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: TX, District: 25	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑	No ☐
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐	No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑	No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑	No ☐
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑	No ☐
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes	No ✓
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ✓	No
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes	No ✓
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes	No ✓

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	No ✓
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Lloyd Doggett	May 16, 2005

SCHEDULE I - EARNED INCOME

Name Lloyd Doggett

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Texas ERS	Annuity	$51,548
The Education Trust, Inc.	Spouse Salary	N/A
Georgetown University	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
21.12 Acres, Northern Dona Ana City, NM (1/24 interest)	$1,001 - $15,000	Rent	$1 - $200	
220 N. Mesa, El Paso, TX (1/12 insterset)	$15,001 - $50,000	Rent	$1,001 - $2,500	
3800 Kennelwood Austin, TX	$250,001 - $500,000	None	NONE	
6734 Spicewood Springs, Travis Co. TX	$1,000,001 - $5,000,000	Rent	$15,001 - $50,000	
711 N. Piedras, El Paso, TX (1/12 interest)	$1,001 - $15,000	Rent	$201 - $1,000	
8.16 acres Lohman's Ford Crossing Road., Travis Co., TX	$15,001 - $50,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

	1200 Baylor #401, Austin TX	$250,001 - $500,000	None	NONE	Prior Homestead
	AIM Small Company Growth (formerly Invesco Small Co. Growth)	$100,001 - $250,000	None	NONE	
	AIM Total Return Fund (formerly Invesco)	$50,001 - $100,000	Dividends	$1,001 - $2,500	S,P
	Alltel Corp.	$1,001 - $15,000	Dividends	$1 - $200	Inheritance from Estate of Bates Belk
	American Century 20th Ultra Shares	$100,001 - $250,000	None	NONE	
	Anadarko Petroleum	$1,001 - $15,000	Dividends	$1 - $200	Inheritance from Estate of Bates Belk
	Apache Corp	$50,001 - $100,000	Dividends	$1 - $200	
	Applied Materials Inc	$50,001 - $100,000	Dividends	$1 - $200	
	AT&T Corp Com	$1,001 - $15,000	Dividends	$1 - $200	
	Bank of America Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
	Baxter International	$1,001 - $15,000	Dividends	$1 - $200	
	Blockbuster	$1,001 - $15,000	Dividends	$1 - $200	Spinoff
	Bristol-Myers Squibb Co	$1,001 - $15,000	Dividends	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

	Burlington Northern Santa Fe Common	$15,001 - $50,000	Dividends	$1 - $200	
	Charles Schwab Corp	$15,001 - $50,000	Dividends	$1- $200	
	Checkpoint Software	$15,001 - $50,000	None	NONE	
	Chevron Texaco Corp Com	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
	Cincinnati Bell	$1,001 - $15,000	None	NONE	
	Cisco Systems Inc	$15,001 - $50,000	None	NONE	
	Citigroup Inc Comm	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	Coca-Cola Company	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
	Comcast	$1,001 - $15,000	None	NONE	
	Computer Sciences Corp	$15,001 - $50,000	None	NONE	
	Congressional Federal Credit Union	$1,001 - $15,000	Interest	$201 - $1,000	
	Credit Suisse Cap Apprec Fund	$100,001 - $250,000	None	NONE	
	Dell Computer Corp	$1,001 - $15,000	None	NONE	
	Doubleclick Inc Com	$1,001 - $15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

	Edwards A.G. Inc	$50,001 - $100,000	Dividends	$201 - $1,000	
	Energy East	$15,001 - $50,000	Dividends	$1 - $200	Inheritance from Estate of Bates Belk
	Estate of Bates Belk	$15,001 - $50,000	Dividends/ Interest	$2,501 - $5,000	
	Exxon Mobil Corp Com	$100,001 - $250,000	Dividends	$1,001 - $2,500	P
	First Data Corp Common	$15,001 - $50,000	Dividends	$1 - $200	
	First Energy	$15,001 - $50,000	Dividends	$1 - $200	Inheritance from Estate of Bates Belk
	Franklin Mutual Shares Fund	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
	General Electric Co Com	$50,001 - $100,000	Dividends	$201 - $1,000	
	Guidant Corp Com	$15,001 - $50,000	Dividends	$1 - $200	
	Home Depot Inc Com	$50,001 - $100,000	Dividends	$201 - $1,000	
	Honeywell International	$15,001 - $50,000	Dividends	$201 - $1,000	
	INSD MUN INCM TR SR 86 Semi-Annual	$1,001 - $15,000	Interest	$1 - $200	
	Intel Corp Com	$15,001 - $50,000	Dividends	$1 - $200	
	International Business Machines	$100,001 - $250,000	Dividends	$1,001 - $2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

	International Paper Co.	$15,001 - $50,000	Dividends	$201 - $1,000	S
	Invesco Total Return Fund	$50,001 - $100,000	Dividends	$201 - $1,000	S
	J P Morgan Chase & Co Com	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
	Janus Fund	$50,001 - $100,000	None	NONE	
	Janus Mid Cap Value Fund	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
	Janus Focused Value (formerlyJanus US Value Fund)	$250,001 - $500,000	Dividends	$15,001 - $50,000	
	Janus Twenty Fund	$15,001 - $50,000	Dividends	$1 - $200	
	JDS Uniphase Corp	$1,001 - $15,000	None	NONE	
	Jensen Portfolio Fund	$15,001 - $50,000	Dividends	$1 - $200	
	Johnson & Johnson	$50,001 - $100,000	Dividends	$201 - $1,000	
	Lewisville TX Indep School District Due 8/15/07	$15,001 - $50,000	None	NONE	
	Lucent Technologies Inc Com	$1,001 - $15,000	None	NONE	
	Luminex Corp Com New	$15,001 - $50,000	None	NONE	
	MBNA Corp	$15,001 - $50,000	Dividends	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

Medco Health Solutions	$1,001 - $15,000	None	NONE	
Merck & Co Inc	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
Mineral Interest, McFarland Tract, Ward Co., TX	$1,001 - $15,000	Royality	$1 - $200	
Newfield Expl. Co.	$1,001 - $15,000	None	NONE	
Nokia Corp Sponsored ADR	$15,001 - $50,000	Dividends	$201 - $1,000	
Nuveen Bond Fund Shares	$15,001 - $50,000	Dividends	$201 - $1,000	
Nuveen Muni Adv Fund	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
Oakmark International Fund	$250,001 - $500,000	Dividends	$5,001 - $15,000	P
Oppenheimer Multi Sector Income Tr	$1,001 - $15,000	Dividends	$201 - $1,000	
Oracle Corp Com	$15,001 - $50,000	None	NONE	
Pfizer Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
PPG Industries Inc	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
Price Science and Technology	$250,001 - $500,000	None	NONE	
Proctor & Gamble Co	$100,001 - $250,000	Dividends	$2,501 - $5,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

	Prosperity Bank (formerly Liberty Bank)	$15,001 - $50,000	Interest	$201 - $1,000	
	Raytheon Co Com New	None	Dividends	$1 - $200	S
	Royal Dutch Pete Co NY	None	Dividends	$1,001 - $2,500	S
	SBC Communications Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
	Schlotzskys Inc	None	None	NONE	S
	Schwab Muni Money Fund	$100,001 - $250,000	Dividends	$2,501 - $5,000	
	Selected American Shares	$100,001 - $250,000	Dividends	$201 - $1,000	
	Sprint FON	$50,001 - $100,000	Dividends	$201 - $1,000	Inheritance from Esate of Bates Belk
	Supertex Inc	$15,001 - $50,000	None	NONE	Inheritance from Estate of Bates Belk
	Texas Instruments Inc	$15,001 - $50,000	Dividends	$1 - $200	
	TIAA-CREF Retirement	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
	Time Warner Inc Com	$15,001 - $50,000	None	NONE	
	TX INSD MUN INCM TR SER 31 Monthly	None	Interest	$1 - $200	S
	Union Pacific Corp	$1,001 - $15,000	Dividends	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

Vanguard Convertible Securities	$500,001 - $1,000,000	Dividends	$15,001 - $50,000	P
Vanguard Growth Index Fund Admiral	$100,001 - $250,000	Dividends	$1,001 - $2,500	P
Vanguard Int. Term Tax-Exempt Fund	$50,001 - $100,000	Dividends	$2,501 - $5,000	P
Vanguard Long-Term Corp Admiral	$250,001 - $500,000	Dividends	$15,001 - $50,000	S
Vanguard Ltd. Term Tax-Exempt Fund	$100,001 - $250,000	Dividends	$2,501 - $5,000	P
Vanguard PRIMECAP Fund Admiral	$250,001 - $500,000	Dividends	$2,501 - $5,000	P
Vanguard Selected Value Fund	$100,001 - $250,000	Dividends	$2,501 - $5,000	P
Vanguard Small-Cap Index Fund Inv	$50,001 - $100,000	Dividends	$201 - $1,000	
Vanguard Tax Exempt MM	$50,001 - $100,000	Dividends	$201 - $1,000	S
Vanguard Total Stock Market	$250,001 - $500,000	Dividends	$2,501 - $5,000	P
Vanguard U.S. Growth Fund Admiral	$500,001 - $1,000,000	Dividends	$2,501 - $5,000	P
Vanguard Wellesley Income fund	$1,001 - $15,000	Dividends	$1 - $200	P
Vanguard Windsor II Fund	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
Verizon Communications Com	$15,001 - $50,000	Dividends	$1,001 - $2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lloyd Doggett

Viacom Inc Class B	$15,001 - $50,000	Dividends	$1 - $200	
Washington Mutual	None	Dividends	$201 - $1,000	S
Waste Management Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
Weitz Value	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
Whole Foods Mkt Inc	$50,001 - $100,000	Dividends	$2,501 - $5,000	P
Williams Cos Inc Com	$1,001 - $15,000	Dividends	$1 - $200	
Xerox Corporation	$1,001 - $15,000	Dividends	$1 - $200	

SCHEDULE IV - TRANSACTIONS

Name Lloyd Doggett

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Exxon Mobil Corp	P	Periodic Reinvestment	$1,001 - $15,000
	Franklin Mutual Shares Fund	P	Periodic Reinvetment	$1,001 - $15,000
	JP Morgan Chase	P	Periodic Reinvestment	$1,001 - $15,000
	PPG Industries	P	Periodic Reinvestment	$1,001 - $15,000
	Procter & Gamble	P	Periodic Reinvesment	$1,001 - $15,000
	Janus US Value Fund	P	Periodic Reinvestment	$15,001 - $50,000
	Oakmark International Fund	P	Periodic Reinvestment	$1,001 - $15,000
	Weitz Value Fund	P	Periodic Reinvestment	$1,001 - $15,000
	Vanguard Convertible Securities	P	Periodic Reinvestment	$15,001 - $50,000
	Vanguard Growth Index Fund Admiral	P	Periodic Reinvestment	$1,001 - $15,000
	Vanguard U.S. Growth Fund Admiral	P	Periodic Reinvestment	$1,001 - $15,000
	Vanguard Int. Term Tax-Emempt Fund	P	Periodic Reinvestment	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Lloyd Doggett

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Vanguard Ltd. Term Tax-Exempt Fund	P	Periodic Reinvesment	$15,001 - $50,000
	Vanguard PRIMECAP Fund Admiral	P	Periodic Reinvestment	$1,001 - $15,000
	Vanguard Selected Value Fund	P	Periodic Reinvestment	$1,001 - $15,000
	Vanguard Total Stock Market Ind Inv	P	Periodic Reinvestment	$15,001 - $50,000
	Vanguard Wellesley Income Fund	P	Periodic Reinvestment	$1,001 - $15,000
	TIAA-CREF Retirement	P	Monthly	$1,001 - $15,000
	Nuveen Muni Adc Fund	P	Dividend Reinvestment	$1,001 - $15,000
	Chevron Texaco Corp Com	P	Dividentd Reinvestment	$1,001 - $15,000
	Coca-Cola Company	P	Dividend Reinvestment	$1,001 - $15,000
	International Business Machines	P	Dividend Reinvestment	$1,001 - $15,000
	Merck & Co Inc	P	Dividend Reinvestment	$1,001 - $15,000
	Nuveen Muni Adv Fund	P	Dividend Reinvestment	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Lloyd Daggett

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Whole Foods Mkt Inc	P	Dividend Reinvestment	$1,001 - $15,000
	Raytheon Company Com New	S	5-17-04	$1,001 - $15,000
	Invesco Total Return Fund	S	5-17-04	$50,001 - $100,000
	Schlotzskys Inc	S	12-23-04	$0 - $1,000
	Texas Insured Municipal Income Trust	S	1-25-04 6-25-04	$1,001 - $15,000
	Washington Mutual	S	12-30-04	$15,001 - $50,000
	AIM Total Return Fund	P	Periodic Reinvestment	$1,001 - $15,000
	Janus Focused Value Fund	P	Periodic Reinvestment	$15,001 - $50,000
	Janus Midcap Value Fund	P	5/25/04	$50,001 - $100,000
	Janus Midcap Value Fund	P	Periodic Reinvestment	$1,001 - $15,000
	Royal Dutch Pete Co NY	S	12-30-04	$15,001 - $50,000
	International Paper	S	5-17-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Lloyd Doggett

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Vanguard Windsor II Fund	P	Periodic Reinvestment	$1,001 - $15,000
	Verizon Communications Com	P	Periodic Reinvestment	$1,001 - $15,000
	Vanguard Tax Exempt MM	S	5-24-04	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name Lloyd Doggett

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Liberty Bank, Austin	Letter of Credit on 6734 Spicewood Springs	$250,001 - $500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Lloyd Doggett

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
The Congressional Program of the Aspen Institute	May 22-31	US-Spain-US	Y	Y	Y	3 Days

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A

For use by Members, officers, and employees

2005 MAY 12 PM 12: 36
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

MC

(Full Name)	John Taylor Doolittle
(Mailing Address)	2410 Rayburn House Office Building Washington, DC 20515
(Daytime Telephone)	202-225-2511

Filer Status	☑ Member of the U.S. House of Representatives	State: CA District: 04	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		05-12-2005

1051

SCHEDULE I - EARNED INCOME

Name John Taylor Doolittle

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Sierra Dominion Financial Solutions, Inc	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Taylor Doolittle

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Applied Materials Stock	$1,001 - $15,000		NONE	
	California Legislative Retirement System	$50,001 - $100,000		NONE	
	Cisco Systems Stock	$1,001 - $15,000		NONE	
	Intel Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Inter-Tel Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Kohls Stock	$1,001 - $15,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Taylor Doolittle

	Krispy Kreme Stock	$1,001 - $15,000		NONE	
	Microsoft Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Nordstrom Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Novamed Stock	$1,001 - $15,000		NONE	
	Pepsi Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Research in Motion Stock	$1,001 - $15,000		NONE	
	Schwab Cash Fund	$1,001 - $15,000	INTEREST	$1 - $200	
	Time Warner Stock	$15,001 - $50,000		NONE	

SCHEDULE IV - TRANSACTIONS

Name John Taylor Doolittle

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Nordstrom Stock	P	9-14-04	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Taylor Doolittle

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any; that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
The Congressional Institute	Jan. 14-16	Washington, DC--St. Michaels, MD--Washington, DC	Y	Y	N	N/A
The Heritage Foundation	Jan. 21-24	Washington, DC--Cambridge, MD--Washington, DC	Y	Y	N	N/A
The Congressional Institute	Nov. 29-Dec. 1	Washington, DC--Irvington, VA--Washington, DC	Y	Y	N	N/A

SCHEDULE VIII - POSITIONS

Name John Taylor Doolittle

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	J-T Investments

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

9

HAND DELIVERED
2005 MAY 16 PM 3:06
(Office Use Only)
MC

Michael F. Doyle, Jr.
(Full Name)

205 Hawthorne Street
(Mailing Address)

202-225-2135
Daytime Telephone

Pittsburgh, PA 15221

Filer Status	[X] Member of the U.S. House of Representatives — State: PA District: 14	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		05/13/2005

1058

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000

Source	Type	Amount
Examples Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Eastgate Insurance Agency, Inc.	renewal commissions	$14,261.42
Doyle for Congress Committee	spouse salary	n/a

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 9
Michael F. Doyle, Jr.	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
	XYZ Magazine	Article	Aug. 13, 2004	$500
	none			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP	Mega Corp Stock					X								X										X								P
DC, JT	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	J&M Associates (50% owner)																															
	7223 Church Street, PGH	X															X								X							S
	Monongahela Company (25% owner)																				Partnership income											
	916 Monongahela Ave.				X																X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael F. Doyle, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Eastgate Insurance Agency	E X		I X	
	45% owner				
	S.E.R.S. - Commonwealth of	F X		I X	
	Pennsylvania				

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	7223 Church Street, Pittsburgh, PA		X		03/21/04	X									

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Name	Michael F. Doyle, Jr.	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	PNC Corp., Pittsburgh, PA	Mortgage on property held by Monongahela	X									
	Sallie Mae	Parent Plus College Loan		X								
	S&T Bank, PGH, PA	Mortgage on property held by J&M Assoc. (50%)	X									
	Chase MasterCard	Revolving charge	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
none		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Carnegie Mellon University - Athens Information Technology Inst.	April 12-18	PGH/Athens, Greece/PGH	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Secretary/Treasurer	Eastgate Insurance Agency, Inc.
Partner	J&M Associates
Partner	Monongahela Company

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	none	

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY -5 PM 1:19
RECEIVED
HAND DELIVERED
MC
(Office Use Only)

Thelma D. Drake
(Full Name)

2306 BAY OAKS Pl. Norfolk, VA 23518
(Mailing Address)

(202) 225-4215
(757) 497-6859
Daytime Telephone

Filer Status [X] Member of the U.S. House of Representatives — State: VA District: 02 [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Thelma D. Drake	5/2/05

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Hampton Roads Home Team } formerly Thelma	Salary	$14,000
Hampton Roads Home Team } Drake Team	Spouse Salary	N/A
Commonwealth of Virginia	Salary	$29,400

For payments to charity in lieu of honoraria, use Schedule II.

Name Thelma Drake

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP / DC / JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC	*Examples* Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
JT	3014-3018 E. Ocean View Av.								X						X												X					
JT	403 Westmont Av.						X								X											X						
JT	414 Fresh Meadow						X								X											X						
JT	9549 7th Bay St.						X								X											X						
JT	9527-9531 11th Bay St.							X							X												X					
JT	3004 E. Ocean View Av.							X							X								X									P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thelma D. Drake

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	2143 E. Ocean View Av.						X								X									X							P
SP	9625 2nd Bay St.						X														X										P
JT	ES 4th Bay St.				X																X										
JT	WS 7th Bay St.						X														X										
JT	9635-9639 15th Bay						X								X								X								P
SP	Edward D. Jones Hampton Roads Berkshares			X										X								X									
	mass mutual Guar Principal Acct.			X										X								X									
	mass mutual DFF Global Sec.			X										X								X									
	mass mutual MMA Managed Bond				X									X										X							
	mass mutual MMA Equity			X										X								X									
	mass mutual DFF Aggressive Growth			X										X								X									
	mass mutual MMA managed Bond			X										X								X									
SP	Edward D. Jones Euro Pacific Growth Fund			X										X								X									
SP	Edward D. Jones Fundamental Investors			X										X								X									
SP	Edward D. Jones Growth Fund of America			X										X								X									
SP	Edward D. Jones New Economy Fund			X										X								X									
SP	Edward D. Jones Home Depot			X										X								X									
SP	Edward D. Jones New Economy			X										X								X									
SP	Edward D. Jones Put Mam Voyager Fund			X										X								X									
SP	Edward D. Jones Time Warner			X										X								X									
	Edward D. Jones Home Depot			X										X								X									
	Edward D. Jones Oracle Co.		X											X								X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continual on Sheet (if needed)

Name Thelma D Drake

Page 5 of 5

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
JT	JWB LLC			X										X											X							S
JT	Tower Mortgage TEC LLC			X										X									X									S
JT	Dominion Power			X										X									X									
SP	Sun Trust			X										X								X										
SP	Bank of Hampton Roads				X									X										X								
SP	Progress Energy			X										X									X									
SP	Hampton Roads Home Team formerly Thelma Drake Team													X													X					
JT	Suntrust (checking)			X												X						X										
JT	Suntrust (money mkt)			X												X						X										
JT	Wachovia money mkt			X												X						X										
JT	Bank of Hampton Roads			X												X						V										
JT	Hampton Roads Home Team ~~Bank of Hampton Roads~~				X											X							X									
JT	Hampton Roads Home Team ~~Bank of Hampton Roads~~				X											X							X									

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Name Thelma D. Drake

Page 6 of 8

SCHEDULE IV — TRANSACTIONS

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
JT	JWB LLC		X		12-03-04	X									
JT	Tower Mortgage TEC LLC		X		12-03-04	X									
JT	3004 E. Ocean View Av.	X			08-17-04				X						
JT	9635-9639 15th Bay St.	X			10-15-04				X						
	2143 E. Ocean View Av.	X			01-09-04			X							
SP	9625 2nd Bay St	X			01-09-04			X							

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP DC JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Countrywide Home Loans	Mortgage 414 Fresh Meadow		X								
Sp	Bank of Hampton Roads	mortgage 9625 2nd Bay		X								
	Bank of Hampton Roads	mortgage 2143 E. Ocean View		X								
JT	Wachovia Bank	3016-3018 Eov Westmont, 15th Bay 11th Bay, 3004 Eov Lines of Credit					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$[illegible]

Use additional sheets if more space is required.

Name	Thelma D. Drake	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Vice Pres	Ocean View Enterprises
Director	Ocean View Neighborhood Development Corp.
President	Thelma Drake Team (now Hampton Roads Home Team)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY 12 PM 12: 17
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

MC

David T. Dreier
(Full Name)

233 Cannon House Office Building Washington, DC 20515
(Mailing Address)

202 225 2305
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: CA, District: 26	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	David T. Dreier	May 12, 2005

1075

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name David T. Dreier

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
John Brown Cook Assoc. For Freedom	Speech	2/23/04	$2,000
Maher Live, Inc.	Guest Appearance	5/14/04	$800
Principia Corporation	Speech	6/24/04	$750
MSNBC Cable	Guest Appearance	7/26/04	$2,000
Maher Live, Inc.	Guest Appearance	8/09/04	$800
Diageo North America, Inc.	Reception	9/7/04	$2,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David T. Dreier

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year
Hewlett Packard	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Int'l Business Machine	$100,001 - $250,000	DIVIDENDS	$201 - $1,000	
McMoran Exploration	$1 - $1,000	NONE	NONE	
Motorola, Inc.	$15,001 - $50,000	DIVIDENDS	$1 - $200	
Pfizer	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
Surewest Communications	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David T. Dreier

ViaCom, Inc.	$500,001 - $1,000,000	DIVIDENDS	$2,501 - $5,000	
Pimco Ca. Mutual	$15,001 - $50,000	DIVIDENDS	$1 - $200	
Amer Funds Wash Mut "F"	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	S (partial)
Amer Funds Growth Fund (Split from Wash Mut "F"	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Anheuser Busch	$15,001 - $50,000	NONE	NONE	P
General Electric	$15,001 - $50,000	NONE	NONE	P
Gaylord Entertainment	$250,001 - $500,000	NONE	NONE	
LM Ericsson Telefon	$15,001 - $50,000	NONE	NONE	
Microsoft Corp	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	P
Time Warner	$1,001 - $15,000	NONE	NONE	
Transocean, Inc.	$15,001 - $50,000	NONE	NONE	
Seligman Communications	$15,001 - $50,000	NONE	NONE	
Bakerfield Ca. CTFS	$15,001 - $50,000	NONE	NONE	
Altria Group	None	DIVIDENDS	$2,501 - $5,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David T. Dreier

Phosphate Resources	None	NONE	NONE	S
Mosaic Co	$1,001 - $15,000	NONE	NONE	P
UBS Basket of Common Stock	None	NONE	NONE	S
UBS AG Eas	$50,001 - $100,000	DIVIDENDS	$1 - $200	P
RMA Money Market Protfolio	$50,001 - $100,000	DIVIDENDS	$5,001 - $15,000	
Am Funds Growth Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Nicholas Applegate	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
John Hancock Regional	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
John Hancock Financial	$50,001 - $100,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	
Property 5 R.M., Ca	None	RENT	$2,501 - $5,000	S
Tiffany Manor, (Apartment Bldg) KC, Mo	$5,000,001 - $25,000,000	RENT/INTEREST	$100,001 - $1,000,000	
OK Publishing Co-Stock	$500,001 - $1,000,000	DIVIDENDS	$2,501 - $5,000	
Franklin Mutual Fund	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	
Franklin Small Growth Fund	$15,001 - $50,000	INTEREST/DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David T. Dreier

	Novell	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Mass Mut. Life	$50,001 - $100,000	INTEREST	$1 - $200	
	Boeing	None	DIVIDENDS	$1 - $200	S
	Caterpillar	None	DIVIDENDS	$201 - $1,000	S
	Network Assoc. Inc.	None	NONE	NONE	S

SCHEDULE IV - TRANSACTIONS

Name David T. Dreier

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Anheuser Busch	P	12-20-04	$15,001 - $50,000
	General Electric	P	11/29/04	$15,001 - $50,000
	Altria Group	S	11/19/04	$15,001 - $50,000
	Boeing	S	6/18/04	$15,001 - $50,000
	Caterpillar	S	11/19/04	$15,001 - $50,000
	Microsoft Corp.	P	6/28/04	$15,001 - $50,000
	Phosphate Resources	S	10/25/04	$1,001 - $15,000
	Mosaic Co.	P	10/25/04	$1,001 - $15,000
	Amer Funds Wash Mut " F"	S	5/27/04	$1,001 - $15,000
	Network Assoc. Inc.	S	11/19/04	$15,001 - $50,000
	Property 5 R.M., Ca	S	6/4/04	$100,001 - $250,000
	UBS Basket of Common Stock	S	8/18/04	$50,001 - $100,000

SCHEDULE IV - TRANSACTIONS

Name David T. Dreier

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	UBS AG Eas	P	8/23/04	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name David T. Dreier

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Bohemian Grove	Jul. 23-25-04	Wash., D.C.-San Francisco-Los Angeles	Y	Y	N	N/A
Principia High School	Jun. 3-5-04	Wash., D.C.-Chicago-Wash., D.C.	Y	Y	N	N/A
Congressional Institute	Nov. 30-Dec. 2-04	Wash., D.C.-Irvington, VA-Wash., D.C.	Y	Y	N	N/A
Congressional Institute	Jan.14-16-04	Wash, D.C., -St. Michaels, MD-Wash., D.C.	Y	Y	N	N/A
Congressional Institute	Jan. 29-30-04	Wash., D.C. -Phil - Wash., D.C.	N	N	N	N/A

SCHEDULE VIII - POSITIONS

Name David T. Dreier

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Secretary (Uncompensated)	The Dreier Family Foundation
Board of Trustees (Uncompensated)	Claremont McKenna College
Board of Directors (Uncompensated)	International Republican Institute
Board of Visitors (Uncompensated)	Claremont Graduate University School of Politics and Economics
Board of Advisors Member (Uncompensated)	Los Angeles Mission
Member (Uncompensated)	Advisory Council, Center for Strategic & International Studies
Member (Uncompensated)	Council on Foreign Relations
Trustee (Uncompensated)	H. Edward Dreier, Jr. Trust

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 MAY 11 PM 4:54
U.S. HOUSE OF REPRESENTATIVES

John J. Duncan, Jr.
(Full Name)

12103 Butternut Circle
Knoxville, TN 37922
(Mailing Address)

202-225-5435
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: TN, District: 02	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e. aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John J. Duncan, Jr.	MAY 11, 2005

Name	John J. Duncan, Jr.	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Tennessee-Board of Probation and Parole	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name	John J. Duncan, Jr.	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2004	$500
NONE			

This page may be copied if more space is required.

Name John J. Duncan, Jr.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	SP Mega Corp. Stock					X								X										X								P
DC	*Examples:* Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	Smith-Barney-IRA Capital Fund U.S. Sec.	X												X			X					X	X									S
	Smith-Barney-IRA Fidelity Value Fund				X									X								X										
	Smith-Barney-IRA Fidelity Fund Inc.			X										X								X										
	Smith-Barney-IRA BB&T Stock						X							X											X							
	Smith-Barney-IRA Income Fund of America				X									X								X										P
DC	Cracker Barrel - Stock			X										X								X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: John J. Duncan, Jr.

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P. S. E
	United Communities Bk-St.	X												X								X									S
	State of TN.-Pension Fund			X												X						X									
DC	McDonald's Corp.-Stock	X												X								X									S
	Smith-Barney/Citi-MoneyM.			X												X							X								
	Congressional CU-Checking			X																	X										
	BB&T Stock						X							X										X							
DC	Cape Cod/Bank North-Stk.	X												X								X									S
	Cape Cod/Bank North-Stk.			X										X								X									
DC	Gillette - Stock			X										X								X									
DC	MCI World Com-Stock	X												X							X										
DC	Krispy Kreme -Stock		X											X							X										
DC	Lowe's - Stock			X										X								X									
	Summit America-Stock	X												X							X										S
	Gap, Inc. - Stock			X										X								X									
	Home Depot - Stock			X										X								X									
	Info Space - Stock	X	X											X							X										S-PART UNDER 1,000
	Citigroup Cap. VIII-Stock				X									X										X							
	General Motors Corp.Stock				X									X										X							
	Exxon - Stock				X									X									X								
	Southern Company-Stock				X									X									X								
DC	Norfolk-Southern - Stock		X											X								X									

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SCHEDULE IV — TRANSACTIONS

Name John J. Duncan, Jr.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	Smith-Barney Income Fund of America -IRA	X			11-11-04		X								
	Summit America - Stock		X		10-26-04	X									
	United Communities Bank- Stock		X		12-02-04		X								
DC	Cape Cod B&T/Bank North - Stock		X		12-02-04	X									
DC	McDonald's - Stock		X		12-09-04	X									
	SMITH-BARNEY CAPITAL FUND -IRA		X		11-11-04		X								

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1090

Name	John J. Duncan, Jr.	Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP DC JT	Creditor	Type of Liability	Amount of Liability: B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal therapeutic received from Committee on Standards)	$290
N/A		

Use additional sheets if more space is required.

Name	John J. Duncan, Jr.	Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
American Association of Airport Executives	Jan.10-16	Knoxville, TN.-Kauai,HI	Y	Y	Y	N
Association of American Railroads	Jan.16-19	Kauai, HI-San Diego, CA Knoxville, TN	Y	Y	Y	N
Tennessee Trucking Association	Sep.26-27	Knoxville, TN-Panama City, FL.-Washington, D.C.	Y	Y	N	N

This page may be copied if more space is required.

Name	John J. Duncan, Jr.	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 2005 98-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
THE RESOURCE CENTER
2005 MAY 16 PM 4:34
MC
(Office Use Only)

Thomas Chester Edwards
(Full Name)

2264 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

(202) 225-6105
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representative — State: TX, District 17	☐ Officer Or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions-	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Chet Edwards	May 16, 2005

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Chester Edwards

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Wright Patman Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Central National Bank Freedom Account	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Central National Bank	$1,001 - $15,000	INTEREST	$1 - $200	
	Vanguard Roth IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Employees Retirement System of Texas	$1,001 - $15,000	N/A	N/A	
SP	Vanguard Roth IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Thomas Chester Edwards

SP	Vanguard IRA	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
SP	Union Planters	$1 - $1,000	DIVIDENDS	$1 - $200	
SP	Nationwide Financial Services, Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Hartford Life and Annuity Insurance Company	$15,001 - $50,000	N/A	N/A	P
SP	SunTrust	$1,001 - $15,000	N/A	N/A	
DC	Vanguard 500 Index Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	Vanguard 500 Index Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	SunTrust - Savings	$1 - $1,000	INTEREST	$1 - $200	
DC	SunTrust - Savings	$1 - $1,000	INTEREST	$1 - $200	

SCHEDULE IV - TRANSACTIONS

Name Thomas Chester Edwards

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Vanguard IRA	P	4-13-05	$1,001 - $15,000
SP	Hartford Life and Annuity Insurance Company	P	1-03-05	$15,001 - $50,000

CHET EDWARDS
17TH DISTRICT, TEXAS

E MAIL VIA WEBSITE
edwards.house.gov

Congress of the United States
House of Representatives
Washington, DC

HOUSE APPROPRIATIONS COMMITTEE
RANKING MEMBER
SUBCOMMITTEE ON MILITARY QUALITY OF LIFE
SUBCOMMITTEE ON ENERGY AND WATER DEVELOPMENT
SUBCOMMITTEE ON HOMELAND SECURITY
HOUSE BUDGET COMMITTEE

June 7, 2005

Clerk of the House, Jeff Trandahl

MC

To Whom It May Concern:

Attached you will find the amendments to my 2005 Financial Disclosure Reports. If you have any questions regarding these amendments, please contact my assistant, Sara Bamford.

Sincerely,

Chet Edwards

Chet Edwards

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 JUN -7 PM 1:48
U.S. HOUSE OF REPRESENTATIVES

WASHINGTON, DC:
2264 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-6105
FAX: (202) 225-0350

WACO:
600 AUSTIN AVENUE, SUITE 29
WACO, TX 76701
(254) 752-9600
FAX: (254) 752-7769

CLEBURNE:
115 SOUTH MAIN STREET, SUITE 202
CLEBURNE, TX 76033
(817) 645-4743
FAX: (817) 645-4796

COLLEGE STATION:
111 UNIVERSITY DRIVE EAST, SUITE 216
COLLEGE STATION, TX 77840
(979) 691-8797
FAX: (979) 691-8939

To: Clerk of the House

From: Congressman Chet Edwards

RE: Amendment to 2004 Financial Disclosure Statement

Date: June 7, 2005

Schedule III addition

JT	Vanguard 500 Index Fund	15,000-50,000	Interest 201-1,000

Funds held in each Vanguard IRA are in an S&P 500 Index Fund.

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 JUN -7 PM 1:48
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 10 PM 3:38
U.S. HOUSE OF REPRESENTATIVES

MC

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Vernon J. Ehlers
(Full Name)

1848 Morningside Drive SE Grand Rapids, MI 49506 — 202-225-3831
(Mailing Address) — Daytime Telephone:

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representative — State: MI, District: 3	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions–	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Vernon J. Ehlers	5/10/05

1100

SCHEDULE I - EARNED INCOME

Name Vernon J. Ehlers

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Michigan	Pension	$33,066
Kent County, Michigan	Pension	$1,950

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name Vernon J. Ehlers

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Byron Center Christian Schools	Speech	April 23, 2004	$50
Church of the Servant	Speech	October 24, 2004	$60
McGregor Scholars Program	Speech	October 28, 2004	$500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Vernon J. Ehlers

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP	Lake Michigan Credit Union IRA	$1,001 - $15,000	INTEREST	N/A	N/A
	State of Michigan 401(k)	$50,001 - $100,000	combination	N/A	S
	IRA Bear, Stearns and Company	$250,001 - $500,000	combination	N/A	N/A
	Calvin College Retirement Account TIAA-CREF	$250,001 - $500,000	combination	N/A	N/A
	Congressional Federal Credit Union	$1,001 - $15,000	DIVIDENDS	$1 - $200	N/A
	Lake Michigan Credit Union	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Vernon J. Ehlers

	California Retirement System	$15,001 - $50,000	INTEREST	N/A	N/A
	Northern Trust Bank	$100,001 - $250,000	INTEREST	$1,001 - $2,500	N/A
	Bank One	$1,001 - $15,000	INTEREST	$1 - $200	N/A

SCHEDULE IV - TRANSACTIONS

Name Vernon J. Ehlers

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	State of Michigan 401 (k)	S	Dec. 23	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Vernon J. Ehlers

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Commonwealth Foundation/JFK School of Government	Jan.15-18	Grand Rapids, MI to Ft. Lauderdale,FL and return	Y	Y	N	N/A
Aspen Institue/Carnegie Foundation	Feb. 17-22	Grand Rapids, MI to Cancun and return	Y	Y	Y	N/A

HAND DELIVERED

Congress of the United States of America
House of Representatives

Vernon J. Ehlers — June 10, 2005 — Michigan

Mr. Jeff Trandahl
Clerk of the House
Legislative Resource Center
B 106 Cannon Building
Washington, D.C. 20515-0001

MC

Dear Mr. Trandahl,

Attached please find an amended Schedule III for my 2004 Calendar Year Financial Disclosure Statement.

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 JUN 10 PM 12:34
RECEIVED
U.S. HOUSE OF REPRESENTATIVES

Sincerely,

Vernon J. Ehlers
Member of Congress

VJE:jw

1714 Longworth House Office Building, Washington, DC 20515 • 202-225-3831 • Fax: 202-225-5144 • website: www.house.gov/ehlers
Science Committee — Transportation and Infrastructure Committee — House Administration Committee
Education and the Workforce Committee

HAND DELIVER

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Vernon J. Ehlers

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP	Lake Michigan Credit Union IRA	$1,001 - $15,000	INTEREST	N/A	N/A
	State of Michigan 401(k)	$50,001 - $100,000	combination	N/A	S
	Congressional Federal Credit Union	$1,001 - $15,000	DIVIDENDS	$1 - $200	N/A
	Lake Michigan Credit Union	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	N/A
	California Retirement System	$15,001 - $50,000	INTEREST	N/A	N/A
	Northern Trust Bank	$100,001 - $250,000	INTEREST	$1,001 - $2,500	N/A

2005 JUN 10 PM 12:31
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name [illegible]

Bank One	$1,001 - $15,000	INTEREST	$1 - $200	N/A
IRA Bear Stearns Marsico Growth Fund	$1,001 - $15,000	combination	N/A	N/A
IRA Bear Stearns Vanguard 500 Index Fund	$15,001 - $50,000	combination	N/A	N/A
IRA Bear Stearns Fidelity Cash Reserves	$1,001 - $15,000	combination	N/A	N/A
IRA Bear Stearns Excelsior Value and Restructuring Fund	$15,001 - $50,000	combination	N/A	N/A
IRA Bear Stearns First Eagle Fund of America	$15,001 - $50,000	combination	N/A	N/A
IRA Bear Stearns Wasatch Growth Fund	$15,001 - $50,000	combination	N/A	N/A
IRA Bear Stearns Fidelity Advisor Diversified International Fund	$15,001 - $50,000	combination	N/A	N/A
IRA Bear Stearns Morgan Stanley Core Plus Fund	$15,001 - $50,000	combination	N/A	N/A
IRA Bear Stearns Vanguard Short Term Corporate Bond Fund	$50,001 - $100,000	combination	N/A	N/A
IRA Bear Stearns Vanguard Long Term Corporate Bond Fund	$15,001 - $50,000	combination	N/A	N/A
TIAA CREF Retirement Account TIAA Traditional Fund	$50,001 - $100,000	combination	N/A	N/A
TIAA CREF Retirement Account CREF Stock Fund	$100,001 - $250,000	combination	N/A	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Vernon J. Ehlers

	TIAA CREF Retirement Fund CREF Money Market Fund	$50,001 - $100,000	combination	N/A	N/A
	TIAA CREF Retirement Fund CREF Bond Market Fund	$50,001 - $100,000	combination	N/A	N/A
	TIAA CREF Retirement Fund CREF International Linked Bond Fund	$50,001 - $100,000	combination	N/A	N/A
	TIAA CREF SRA Retirement Fund TIAA Traditional Fund	$1,001 - $15,000	combination	N/A	N/A
	TIAA CREF SRA Retirement Fund CREF Stock Fund	$1,001 - $15,000	combination	N/A	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 6:14

(Office Use Only)

Rahm I Emanuel
(Full Name)

4228 North Hermitage Avenue Chicago, IL 60613
(Mailing Address)

773-267-5926
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives — State: IL — District: 05 | Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) — Amendment — Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☑ No

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Rahm Emanuel	05-16-05

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rahm I Emanuel

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Advisory Research Large Cap Equity Fund, LP (2 Prudential Plaza, 180 N Stetson, Chicago: Invests in widely diversified large cap equity holdings)	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	1
	Advisory Research Small Mid Cap Value Equity Fund, LP (2 Prudential Plaza, 180 N Stetson, Chicago; Invests in widely diversified small cap equity holdings)	$250,001 - $500,000	DIVIDENDS/CAPITAL GAINS	$15,001 - $50,000	1
SP	Bear Steams MMA	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Bear Steams MMA-IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rahm I Emanuel

	Chilton New Era Partners, LP (1266 E Main St., Stanford, Ct; Invests in widely diversified S&P 500 equities)	$250,001 - $500,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$15,001 - $50,000	1
SP	General Electric	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Good Hope Limited Partnership (holds commercial real estate located at 7830 W Goodhope Rd., Milwaukee, Wi)	$15,001 - $50,000	RENT	$2,501 - $5,000	1
SP	Health Management Associates--IRA	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
JT	LaSalle Bank	$1,001 - $15,000	INTEREST	$1 - $200	
SP	LaSalle Bank	$1,001 - $15,000		NONE	
	Loan Receivable--Friends of Rahm Emanuel for Congress	$250,001 - $500,000		NONE	
SP	Molex, Inc.--IRA	None	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	S
SP	Public Storages, Inc.	None	DIVIDENDS	$1 - $200	S
	Qualified Blind Trust	$5,000,001 - $25,000,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$100,001 - $1,000,000	
DC	Qualified Blind Trust	$500,001 - $1,000,000	DIVIDENDS/RENT/CAPITAL GAINS	$15,001 - $50,000	
DC	Qualified Blind Trust	$500,001 - $1,000,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$15,001 - $50,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Rahm I Emanuel

DC	Qualified Blind Trust	$500,001 - $1,000,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$15,001 - $50,000	
	Qualified Blind Trust–IRA	$500,001 - $1,000,000	DIVIDENDS/INTEREST/CAPITAL GAINS	$15,001 - $50,000	
	S & P 500 Index Equally Weighted Fund, LP (2 Prudential Plaza, 180 N Stetson, Chicago; Invests equal amounts in each of S&P 500 equities)	$250,001 - $500,000	DIVIDENDS/CAPITAL GAINS	$50,001 - $100,000	1
SP	Unumprovident Corp Senior Notes–IRA	$15,001 - $50,000	INTEREST	$1,001 - $2,500	P
	Vision Optical Partners, LLC (CBIZ Accounting & Tax Advisory Svcs, 1 S Wacker Dr, #1800, Chicago, Il; Invests in widely diversified debt and equity holdings)	$1,001 - $15,000	CAPITAL GAINS	NONE	1,2

SCHEDULE IV - TRANSACTIONS

Name Rahm Emanuel

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Unumprovident Corp Senior Notes–IRA	P	03/23/04	$15,001 - $50,000
SP	Health Management Associates–IRA	P	03/01/04	$1,001 - $15,000
SP	Molex-IRA	S	02/27/04	$15,001 - $50,000
SP	Public Storage	S	01/20/04	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Rahm I Emanuel

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Chicago Mercantile Exchange, Chicago Board of Trade	March 19-20, 2004	Chicago, IL - Boca Raton, Florida, Chicago, IL	Y	N	N	N/A
HBO	August 13-14, 2004	Chicago, IL - Los Angeles, Chicago, IL	N	N	N	N/A
Jean Jaures Foundation	October 19-24, 2004	Chicago, IL - Paris, France - Chicago, IL	Y	N	Y	N/A
Kennedy School of Government, Harvard University	November 29-30, 2004	Chicago, IL - Boston, MA - Chicago, IL	Y	N	N	N/A

FOOTNOTES

Name Rahm I Emanuel

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	All items with a "1" reference in Block E are held by LaSalle Bank in a non-qualified blind trust.	
2	Schedule III	At December 31, 2003, reflected as sold. Year end value @ 12/31/03 ranged from $1,001-$15,000. Income (loss) generated in 2003 consisted of interest income and capital losses. Capital losses exceeded interest income.	Vision Optical Partners, LLC

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE OFFICER
2005 MAY 17 AM 11:00
(Office Use Only)

MC

1118

Jo Ann Emerson
(Full Name)

1637 Themis Street Cape Girardeau, MO 63701
(Mailing Address)

202-225-4404
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: MO District: 8	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Jo Ann Emerson	5/17/05

SCHEDULE I - EARNED INCOME

Name Jo Ann Emerson

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Bartley Goffstein, LLC	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jo Ann Emerson

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Lucent Technologies, SEP	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
JT	Avaya	$1 - $1,000	DIVIDENDS	NONE	
SP	7720 Building Corp. (Law Firm Building) 4399 Laclede St. Louis, MO 63108	$100,001 - $250,000	N/A	NONE	
SP	Bank of Salem SEP	$50,001 - $100,000	N/A	NONE	
SP	Business Bank of St. Louis SEP	$15,001 - $50,000	N/A	NONE	
SP	First Commercial Bank of Southeast Missouri (CD)	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jo Ann Emerson

SP	Pershing Money Market Fund	$15,001 - $50,000	INTEREST	$1 - $200	
SP	Bartley Goffstein, LLC (1/6 partner) 4399 Laclede St. Louis, MO 63108	$250,001 - $500,000	Other: Partnership Value	NONE	
SP	4 Seasons Racquet Club Condominium Lodge, Raquet and Country Club Osage Beach, MO 65065	$100,001 - $250,000	RENT	$5,001 - $15,000	
SP	Dreyfuss Premiere Japan Fund SEP	$1,001 - $15,000	N/A	NONE	
SP	ING Russia Fund SEP	$1,001 - $15,000	N/A	NONE	P
SP	Royal Dutch Petroleum SEP	$1,001 - $15,000	N/A	NONE	
SP	KC Southern Corp. SEP	$1,001 - $15,000	N/A	NONE	
SP	Sirius Communications	$1 - $1,000	N/A	NONE	P
SP	Marsh & McClennan	$1,001 - $15,000	N/A	NONE	P

SCHEDULE IV - TRANSACTIONS

Name Jo Ann Emerson

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	ING Russia Fund SEP	P	3-04	$1,001 - $15,000
SP	Sirius Communications	P	12-04	$1-$1,000
SP	Marsh & McClennan	P	10-04	$1,001 - $15,000
SP	Lucent Technologies	P	12-04	$1-$1000

SCHEDULE V - LIABILITIES

Name Jo Ann Emerson

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Key Bank, Boston, MA	College Loan	$15,001 - $50,000
SP	Central Bank of Lake Ozark, MO	Mortgage on rental property	$50,001 - $100,000
SP	Bank of Salem	Line of Credit	$50,001 - $100,000
SP	Enterprise Bank, St. Louis, MO	Mortgage on office building (25% share)	$100,001 - $250,000
	Wright Patman Congressional Federal Credit Union	Line of Credit	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jo Ann Emerson

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
American Association of Airport Executives	Jan. 7-13	Wash., DC–Koloa, HI--St. Louis, MO	Y	Y	Y	2 days

SCHEDULE VIII - POSITIONS

Name Jo Ann Emerson

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Advisory Committee	Arneson Institute for Practical Politics & Public Affairs, Ohio Wesleyan University, Delaware, OH
Chair	Bill Emerson Group Charities, Inc., Alexandria, VA (unpaid)
Honorary & Lifetime Trustee	Westminster College, Fulton, MO
Co-Chair, Board of Directors	Congressional Hunger Center
Board Member	Bread for the World

HAND DELIVERED

LEGISLATIVE RESOURCE

2005 MAY 16 AM 11: 5

MC

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A

For use by Members, officers, and employees

Eliot L. Engel
(Full Name)

2161 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202/225-2464
Daytime Telephone

(Office Use Only)

Filer Status ☑ Member of the U.S. House of Representatives State: NY District: 17 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.		Yes ☐ No ☑
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.		Yes ☑ No ☐
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.		Yes ☐ No ☑
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.		Yes ☐ No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions–	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Eliot L. Engel	5-11-05

1126

SCHEDULE I - EARNED INCOME

Name Eliot L. Engel

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Issue Dynamic Inc	Spouse Salary	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Eliot L. Engel

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Congressional Federal Credit Union	$15,001 - $50,000	INTEREST	$201 - $1,000	
Israeli Bonds	$1,001 - $15,000	INTEREST	$1 - $200	
US Bonds	$1,001 - $15,000	INTEREST	$201 - $1,000	
State of New York	$1,001 - $15,000	Other: Retirement pension	NONE	

SCHEDULE V - LIABILITIES

Name Eliot L. Engel

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Congressional Federal Credit Union	credit card	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Eliot L. Engel

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
AIPAC	October 1-4	Washington - Las Vegas - Washington	Y	N	Y	n/a
NCTA	May 1-3	NY - New Orleans - Washington	Y	Y	Y	n/a
Consumer Electronics Association	January 7-12	DC - Las Vegas	Y	Y	Y	January 7
American Association of Railroads	January 12-19	Las Vegas - California - DC	Y	Y	Y	January 12-14 & 19

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY 13 PM 4:09
MC
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

PHILIP S. ENGLISH
(Full Name)

1410 LONGWORTH HOUSE OFFICE BUILDING WASHINGTON D.C. 20515
(Mailing Address)

(202) 225-5406
(Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State PA District 3	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Philip S. English	MAY 13, 2005

Name PHILIP S. ENGLISH | Page 2 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B		Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify, For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X								X										X								P
		DC	Simon & Schuster	Indefinite																	Royalties								X				
		JT	1st Bank of Paducah, KY accounts					X									X										X						
JT	MERRILL LYNCH ACCOUNT				X										X			X					X										
SP	MERRILL LYNCH ACCOUNT						X								X		X								X								
SP	MERRILL LYNCH ACCOUNT				X												X						X										
JT	MERRILL LYNCH ACCOUNT					X											X							X									
JT	MERRILL LYNCH ACCOUNT				X																		X										

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name PHILIP S. ENGLISH

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-04		X								
JT	CONDOMINIUM (510 N. ST, SW, WASHINGTON)	X			8-9-04				X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	CITICORP	CREDIT CARD ACCOUNT		X								
JT	NATIONAL CITY BANK	MORTGAGE ON 510 N. ST, SW				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash. D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	INTERNATIONAL MANAGEMENT AND DEVELOPMENT INSTITUTE	FEB. 14-24	WASH., D.C. - MUNICH - BERLIN, GERMANY - D.C.	Y	Y	Y	4 DAYS
	AMERICAN ENTERPRISE INSTITUTE	FEB. 26-27	D.C. - MANASSAS, VA. - D.C.	Y	Y	N	N
	CONGRESSIONAL ECONOMIC LEADERSHIP INSTITUTE	APRIL 10-20	D.C. - BUDAPEST - BRUSSELS - STUTTGART - MUNICH - LONDON - D.C.	Y	Y	Y	4 DAYS
	MAROC TELEMATIQUE	APRIL 30-MAY 4	D.C. - CASABLANCA - MARRAKECH - RABAT - D.C.	Y	Y	N	N
	ASPEN INSTITUTE	MAY 22-26	D.C. - BARCELONA, SPAIN - D.C.	Y	Y	Y	N
	TRANSATLANTIC POLICY NETWORK	DEC. 1-5	[redacted] - PARIS, FRANCE - BRUSSELS, BELG. - D.C.	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 APR 29 AM 10: 59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Anna Georges Eshoo
(Full Name)
40 Isabella Avenue - Atherton California 650-323-2984
(Mailing Address) (Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives — State: California District: 14th	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☒	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Anna G. Eshoo	April-27-2005

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$5,000
State of Maryland	Legislative Pension	$8,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	N/A
County of San Mateo, California Retirement Fund	Leg's. Pension/San Mateo Board of Supervisors	$9620 00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
-NONE-			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify For Example, Partnership Income or Farm Income))	Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Transaction (P, S, E)
SP, DC, JT	Examples: SP Mega Corp. Stock	X	DIVIDENDS X	VI	P
	DC Simon & Schuster	Royalties	INTEREST X	IV	
	JT 1st Bank of Paducah, KY accounts	X		IX	
	Hartford Group/Deferred Comp Plan	X	Deferred Comp Plan	X	n/a
	County of San Mateo/Retirement	X X	Retirement Plan	V	n/a
	San Mateo Credit Union	X	INTEREST X		n/a
	Penn Mutual Life Ins. Co.	X	INTEREST X		n/a
	First Republic Bank/checking acct	X	INTEREST X		n/a
	Wright-Patman CU/checking acct	X	INTEREST X		n/a

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Anna Georges Eshoo Page 4 of 8

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Wright Patman Co/ Svgs Acct		X													X																n/a
	Paine Webber																															
	IRA			X										X								X										n/a
	Templeton Dragon Fund			X										X								X										n/a
	Pacific Int'l Equity Fund			X										X								X										n/a
	Federal Thrift Svgs Plan						X							Deferred Compensation							X											n/a

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-04		X								
	-NONE-														

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Name Bill Georges Schoo | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Wells Fargo Bank / Home Campus Des Moines, Iowa 50328	Mortgage 40 Isabella Ave Atherton CA					X					
	1st Republic Bank / 111 Pine St / San Francisco, Calif	Mortgage 25V-B Maryland NE Washington D.C.					X					
	Bank of the West / PO Box 4008 / Concord CA 94524	Home Equity Line of Credit	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
	-NONE-	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash. D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	-NONE-						

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Name [illegible] Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	-NONE-

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	-NONE-	

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

HAND DELIVER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A

For use by Members, officers, and employees

2005 MAY 17 PM 5:26

(Office Use Only)

Anna Georges Eshoo
(Last Name, First Name)

40 Isabella Avenue - Atherton - California (650) 323-2984
(Mailing Address) (Daytime Telephone)

-94027-

Filer Status	[X] Member of the U.S. House of Representatives	State: California District: 14th	[ ] Officer or Employee — Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from any source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Anna Georges Eshoo	May-17-2005

1145

Name: Arnold Georges Ezroo | Page 1 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
County of San Mateo - California	Legis. Pension / San Mateo Board of Supervisors	$9620.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 18, 2004	$500
- None -			

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Name [illegible] Georges Eshoo

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	BLOCK A		BLOCK B												BLOCK C							BLOCK D											BLOCK E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP		SP	Mega Corp. Stock				X								X									X									P
DC	Examples:		Simon & Schuster	Indefinite																	Royalties								X				
JT			1st Bank of Paducah, KY accounts					X									X									X							
	Hartford Group/Deferred Comp Plan							X							Deferred Comp Plan							X											n/a
	County of San Mateo/Retirement				X										Retirement Plan										X								n/a
	Paine Webber/IRA																																
	Templeton Dragon Fund				X										X								X										n/a
	Pace Intl. Equity Fund				X										X								X										n/a

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Mrs Georges Shaw | Page 4 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction										
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10–12–04		X								
	- None -															

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	n/a											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
	-None-	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash. D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	-None-						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	-None-

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	-None-	

Use additional sheets if more space is required.

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

2005 MAY 16 PM 6:42

(Office Use Only) MC

Bobby R. Etheridge
(Full Name)

1106 Mamers-Summerville Road Lillington, NC 27546
(Mailing Address)

202-225-4531
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: NC District: 02	☐ Officer Or Employee — Employing Office:
Report Type	✓ Annual (May 15) ☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ✓ No	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ✓
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Bobby R. Etheridge	5-16-05

1153

SCHEDULE I - EARNED INCOME

Name Bobby R. Etheridge

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of North Carolina	State/Legislative Pension	$10,000
Harnett Board of Education	Spouse Salary	n/a

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bobby R. Etheridge

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Alliance Capital Management Holding	$1,001 - $15,000	NONE	NONE	P
JT	American Opportunities	$1,001 - $15,000	NONE	NONE	P
JT	Beasley Broadcast	None	NONE	NONE	S
	Bristol Myers Squibb Co	$1,001 - $15,000	NONE	NONE	P
JT	Coca Cola	$1,001 - $15,000	NONE	NONE	P
JT	Commercial Property, Lillington East McNeil Street	$1,001 - $15,000	NONE	NONE	Other

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bobby R. Etheridge

JT	Cornerstone Bank	$1,001 - $15,000	NONE	NONE	Other
JT	Dean Witter Money Market Trust	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	Other
SP	Duke Energy	$1,001 - $15,000	NONE	NONE	S
JT	Farm-Rt. 1, Broadway, NC	$250,001 - $500,000	RENT	$1,001 - $2,500	Other
JT	General Electric	$1,001 - $15,000	DIVIDENDS	$1 - $200	Other
	Honeywell International	$1,001 - $15,000	NONE	NONE	P
JT	Intel Corporation	$1,001 - $15,000	DIVIDENDS	$1 - $200	Other
	IRA (Altria Stock)	None	NONE	NONE	S
SP	IRA (Baker Hughes Inc. Stock)	None	NONE	NONE	S
	IRA (Coho Energy Stock)	$1 - $1,000	NONE	NONE	Other
SP	IRA (Conoco Inc. Stock)	$1,001 - $15,000	NONE	NONE	Other
SP	IRA (Dupont Stock)	$1,001 - $15,000	NONE	NONE	Other
SP	IRA (Lucent Technology)	None	NONE	NONE	S
	IRA (Morgan, Stanley, Dean-Witter Stock)	$1,001 - $15,000	NONE	NONE	Other

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bobby R. Etheridge

	IRA (Progress Energy)	$1,001 - $15,000	NONE	NONE	Other
	IRA (RBC Centura Stock)	$1,001 - $15,000	NONE	NONE	Other
SP	IRA (Sprint Com Stock)	None	NONE	NONE	S
	IRA (Sprint Com Stock)	None	NONE	NONE	S
	IRA (Sprint PCS Stock)	$1,001 - $15,000	NONE	NONE	Other
SP	IRA (Sprint PCS Stock)	None	NONE	NONE	S
	IRA (UPS Stock)	$1 - $1,000	NONE	NONE	Other
JT	Microsoft	$1,001 - $15,000	NONE	NONE	P
SP	NC State Deferred Compensation 401K	None	None	NONE	Other
	NC State Deferred Compensation Plan (401K)	$50,001 - $100,000	None	NONE	Other
SP	NC State Retirement Pension	None	None	NONE	Other
JT	New Century Bank	$15,001 - $50,000	NONE	NONE	
	Openheimer Equity Income Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	Other
	Pfizer, Inc.	$1,001 - $15,000	NONE	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bobby R. Etheridge

	Progress Energy.	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	Other
	RBC Centura (Stock)	$1 - $1,000	DIVIDENDS	$1 - $200	Other
	RBC Centura Bank	$1,001 - $15,000	DIVIDENDS	$1 - $200	Other
JT	Rental Property, Lillington, NC (house)	$15,001 - $50,000	RENT	$2,501 - $5,000	Other

SCHEDULE IV - TRANSACTIONS

Name Bobby R. Etheridge

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Coca Cola	P	01-06-04	$1,001 - $15,000
JT	Beasley Broadcast	S	11-26-04	$1,001 - $15,000
SP	IRA (Baker Hughes Inc. Stock)	S	12-29-2004	1,001-15,000
SP	IRA (Lucent Technology)	S	12-29-2004	$1,001 - $15,000
SP	IRA (Sprint Com Stock)	S	12-29-2004	$1,001 - $15,000
	IRA (Sprint Com Stock)	S	12-29-2004	$1,001 - $15,000
	IRA (Sprint PCS Stock)	S	12-29-2004	$1,001 - $15,000
	Alliance Capital Management Holding	P	01-06-04	$1,001 - $15,000
JT	Microsoft	P	01-06-04	$1,001 - $15,000
	IRA (Phillip Morris Stock)	S	10-07-2004	$1,001 - $15,000
JT	American Opportunities	S	12-29-04	$1,001 - $15,000
	Honeywell International	P	01-06-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Bobby R. Etheridge

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Bristol Myers Squibb Co	P	01-06-04	$1,001 - $15,000
	Pfizer Inc	P	01-06-04	$1,001 - $15,000
SP	Duke Energy	S	10-07-04	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Bobby R. Etheridge

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	RBC	Equipment Loan	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Bobby R. Etheridge

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Aspen Institute	Feb. 17th-22	Raleigh - Cancun, MX-Raleigh, NC	Y	Y	Y	N/A

SCHEDULE VIII - POSITIONS

Name Bobby R. Etheridge

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board	Ochoneeche Boy Scout Council

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 MAY 16 PM 3:13
(Office Use Only)
CLERK OF THE HOUSE OF REPRESENTATIVES

Lane A. Evans
(Full Name)

2211 Rayburn HOB Washington, DC 20515
(Mailing Address)

202-225-5905
Daytime Telephone:

Filer Status: [x] Member of the U.S. House of Representatives — State: IL District: 17 | Officer Or Employee | Employing Office:

Report Type: [x] Annual (May 15) | [ ] Amendment | [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes [ ] No [x]
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes [ ] No [x]
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes [x] No [ ]
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes [ ] No [x]
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes [x] No [ ]
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? Yes [ ] No [x]
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? Yes [x] No [ ]
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes [x] No [ ]
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes [ ] No [x]
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [x]

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [x]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Lane A. Evans	5/12/05

1164

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lane A. Evans

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude. Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
406 S. Capitol St., SE, Washington, DC	$500,001 - $1,000,000	RENT	$5,001 - $15,000	
Plow and Planters Employees Credit Union, IRA, Moline, IL	$1,001 - $15,000	INTEREST	$201 - $1,000	
Wright Patman Federal Credit Union, Savings Accounts and IRA's, Washington, DC	$100,001 - $250,000	INTEREST	$2,501 - $5,000	

SCHEDULE V - LIABILITIES

Name Lane A. Evans

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Credit Union Mortgage Association	Mortgage on 406 S. Capitol St., SE	$250,001 - $500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Lane A. Evans

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Vietnam Veterans of America	Aug. 4-5	Chicago-Nashville-Chicago	Y	Y	N	N/A

SCHEDULE VIII - POSITIONS

Name Lane A. Evans

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Skills, Inc., Moline, IL
Director	Center for Mind-Body Studies, Washington, DC

FORM A

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 12:23

(Office Use Only)

R. Terry Everett
(Full Name)

2312 Rayburn Building
(Mailing Address)

Daytime Telephone
(202) 225-2901

Washington, D.C. 20515

Filer Status	[x] Member of the U.S. House of Representatives — State: AL District: 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (M-D-Y)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Terry Everett	5/16/05

TERRY EVERETT, 2 of 13

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U. S. House of Representatives - Congressman	U.S. Representative	139,023

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

TERRY EVERETT

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP		SP					X								X										X								P
DC	*Examples:*			Indefinite																	Royalties									X			
JT								X									X									X							
	400 Acre Farm Houston County, AL									X						X											X						
	On Farm																			Grain & Hay		X											
	On Farm																			FSA		X											
	Note Receivable U.S. News, LLC		X														X								X								E
	Due From: Everett for Congress		X														X					X											E

For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

TERRY EVERETT 5 of 13

SP, DC, ET	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Merrill Lynch - 52296																															
	CMA		X													X						X										S
	Invesco Tech				X									X							X											S
	Merrill Lynch - 16632																															
	CMA			X												X						X										
	PFL Endeavor Var. Annuity							X						X													X					
	Merrill Lynch - 52295																															
	AIM Global Science		X											X							X											
	CMA	X														X					X											E
	Invesco	X												X								X										S
	Merrill Lynch - 16288																															
	CMA			X												X							X									
	Univer. of AL @ Birmingham Hosp.							X								X										X						P
	Amer. Income Fund						X							X											X							P
	Amer. Capital Income						X							X											X							P
	Amer. Bond Fund						X							X											X							P

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TERRY EVERETT 6 of 13

Continuation Sheet (if needed)

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P. S. E
	Merrill Lynch - 24252																															
	CMA					X										X							X									
	Municipal Bonds																															
	N. Richland Hills, TX						X									X										X						
	Jefferson Co., TX						X									X										X						
	West VY City, UT						X									X										X						
	Seguin TX Indpt						X									X										X						
	Laredo TX Comm Clge						X									X										X						
	Washoe Co, Nev. Reno Sparks						X									X										X						
	Penn State Higher Ed.						X									X										X						
	Little Elm TX Indpt						X									X										X						
	King Co. Wa. Swr Rev						X									X										X						
	New Waverly TX Indpt						X									X										X						
	Bellwood, IL						X									X										X						
	Birmingham AL Wtrwks						X									X										X						
	Indianapolis IN LCL PWB						X									X										X						
	Bastrop Tex Indpt						X									X										X						
	Honolulu Hi Cy Co Bd						X									X										X						P

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Continuation Sheet (If needed)

TERRY EVERETT 7 of 13

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
	Thrift Savings (401k)	G: X	INTEREST: X	VI: X	
	First Federal of South - Ck	B: X	INTEREST: X	I: X	
	SunSouth Bank - Investment Account	G: X	INTEREST: X	VI: X	
	IRA (H) - SunSouth	D: X	INTEREST: X	III: X	
	IRA (W) - SunSouth	D: X	INTEREST: X	III: X	
	BankSouth - CDs	F: X	INTEREST: X	IV: X	
	Merrill Lynch IRA (H)	E: X	INTEREST: X	V: X	
	2 Notes receivable on personal residences in Coffee and Houston Co., AL	E: X	INTEREST: X	V: X	
	SunSouth Bank - checking	D: X	INTEREST: X	III: X	P
	SunSouth Bank - checking	F: X	INTEREST: X	VI: X	

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TERRY EVERETT 8 of 13

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Congressional Federal CU																															
	Checking				X											X								X								E
	Savings				X											X							X									
	Money Market Acct						X									X									X							P

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SCHEDULE IV — TRANSACTIONS

Name R. TERRY EVERETT

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	Merrill Lynch - 52296														
	CMA		X		2/03/04	X									
	Invesco		X		2/03/04		X								
	Merrill Lynch - 52295														
	CMA			X	2/03/04	X									
	Invesco		X		2/03/04		X								
	Merrill Lynch - 16288														
	Univ. of AL @ Birmingham - Hosp.	X			6/09/04					X					
	Amer. Income Fund	X			2/10/04				X						
	Amer. Capital Income	X			2/10/04				X						
	Amer. Bond Fund	X			2/10/04				X						
	Merrill Lynch - 24252														
	Honolulu Hi By Co Bd	X			1/15/04				X						
	Note Receivable - U.S. News, LLC			X	4/30/04				X						
	Congressional C.U. - Checking			X	4/30/04				X						
	Congressional C.U. - Money Market	X			4/30/04				X						

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SCHEDULE IV — TRANSACTIONS

Name R. TERRY EVERETT

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	Due from: Everett for Congress			X	12/02/04					X					
	SunSouth Checking	X			6/06/04		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
NONE		

Use additional sheets if more space is required.

TERRY EVERETT 12 of 13

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	NONE						

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05/16/2005 09:47 FAX 3348711480 EVERETT DOTHAN → EVERETT-DC 016/016

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

TERRY EVERETT
2ND DISTRICT, ALABAMA

COMMITTEE ON ARMED SERVICES
CHAIRMAN, STRATEGIC FORCES
TACTICAL AIR and LAND FORCES

COMMITTEE ON AGRICULTURE
VICE CHAIRMAN, SPECIALTY CROPS and FOREIGN AGRICULTURE PROGRAMS
GENERAL FARM COMMODITIES and RISK MANAGEMENT

Congress of the United States
House of Representatives
Washington, DC 20515–0102

PERMANENT SELECT COMMITTEE ON INTELLIGENCE
HUMAN INTELLIGENCE, ANALYSIS and COUNTERINTELLIGENCE
TECHNICAL and TACTICAL INTELLIGENCE
TERRORISM and HOMELAND SECURITY

COMMITTEE ON VETERANS' AFFAIRS
OVERSIGHT and INVESTIGATIONS

Web site: http://www.house.gov/everett

June 10, 2005

Hon. Jeff Trandahl
Clerk of the House
H-154, The Capitol
Washington, D.C. 20515

HAND DELIVERED

MC

LEGISLATIVE RECORDS
2005 JUN 15 AM 10: 03
U.S. HOUSE OF REPRESENTATIVES

Dear Mr. Trandahl:

With regard to my financial disclosure filing for 2004, I have been advised by the Committee on Standards that Individual Retirement Accounts, listed on Schedule III, should now include specifics on how the account is invested.

Please find enclosed monthly statements for each of the three IRA's listed on my Schedule III filing. The two IRA's with SunSouth Bank are invested as "certificates of deposit." The Merrill Lynch IRA is invested in their American Bond Fund, American Income Fund and American Capital Income Builder fund. Each fund is valued between $15,000 and $100,000, and generates between $201 and $5,000 in annual income.

Sincerely,

Terry Everett

TERRY EVERETT

2312 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225–2901

3500 EASTERN BOULEVARD, #250
MONTGOMERY, AL 36116
(334) 277–9113

256 HONEYSUCKLE ROAD, #15
DOTHAN, AL 36305
(334) 794–9680

101 NORTH MAIN STREET
OPP, AL 36467
(334) 493–9253

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. TERRY EVERETT

05/16/2005 09:46 FAX 3346711480 EVERETT DOTHAN . EVERETT DC 010/016

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction: P, S, E
	Thrift Savings (401k)							X								X										X						
	First Federal of South - Ck		X													X					X											
	SunSouth Bank - Investment Account							X								X										X						
	IRA (H) - SunSouth				X											X							X									
	IRA (W) - SunSouth				X											X							X									
	BankSouth - CDs						X									X								X								
	Merrill Lynch IRA (H)					X										X									X							
	2 Notes receivable on personal residences in Coffee and Houston Co., AL					X										X									X							
	SunSouth Bank - checking				X											X							X									P
	SunSouth Bank - checking						X									X										X						

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ACCOUNT # 529 58508 | P/A# 4031 | PAGE # 2

MLPF& S CUST FBO
TERRY EVERETT IRRA

***** DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
03 21	Reinvestment	AMERICAN CAPITAL INCOME BUILDER CL C		$122.92
03 21	Divd Reinv	2 AMERICAN CAPITAL INCOME BUILDER CL C REINV AMOUNT $122.92 REINV PRICE $52.65000 QUANTITY BOT 2.3350 AS OF 03/18		
03 28	*Dividend	AMERICAN INCOME FUND OF AMERICA CL C PAY DATE 03/24/2005		$115.89CR
03 28	Reinvestment	AMERICAN INCOME FUND OF AMERICA CL C		$115.89
03 28	*Dividend	AMERICAN BOND FUND OF AMERICA CL C PAY DATE 03/24/2005		$56.96CR
03 28	Reinvestment	AMERICAN BOND FUND OF AMERICA CL C		$56.96
03 28	Divd Reinv	6 AMERICAN INCOME FUND OF AMERICA CL C REINV AMOUNT $115.89 REINV PRICE $17.95000 QUANTITY BOT 6.4560 AS OF 03/24		
03 28	Divd Reinv	4 AMERICAN BOND FUND OF AMERICA CL C REINV AMOUNT $56.96 REINV PRICE $13.35000 QUANTITY BOT 4.2670 AS OF 03/24		
03 31	CLOSING BALANCE			$.84CR

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
1015.8450	AMERICAN INCOME FUND OF AMERICA CL C	18.040	$18325	2.58	$473
364.9270	AMERICAN CAPITAL INCOME BUILDER CL C	51.920	$18947	2.67	$506
1291.8230	AMERICAN BOND FUND OF AMERICA CL C	13.370	$17271	3.92	$677
TOTALS FOR PRICED INVESTMENTS			$54543		$1656

MONEY ACCOUNT	OPENING BALANCE AS OF 01/01	CLOSING BALANCE AS OF 03/31	DIVIDENDS/INTEREST THIS STMT.	YEAR TO DATE
ML BANK USA RASP	$595.27	$596.31	$1.04	$1.04

YEAR-END PLAN VALUE AS OF 12/31/04: $55,994.11

MANY OF THE MERRILL LYNCH STATEMENTS WILL HAVE A NEW LOOK AND NEW FEATURES. LOOK FOR DETAILS IN YOUR JUNE MONTH-END STATEMENTS.

IRA END OF STATEMENT MARCH, 2005

SunSouth Bank

Access Bank Controls Inquiry Customers Deposit Maintenance Time Deposit/IRA Safe Deposit Box Products
Loans Maintenance Management Information Transactions Services General Ledger Teller Management
Returned Deposited Items

0 Bank Rates

Call Center

Time Deposit Account Information

TERRY EVERETT
IRA ACCT

12-23 MONTH IRA 5622
Interest Rate Review Deposits for Rate
Current Balance $17,269.90
Available Balance $241.90
Average Available Balance $5.62

IRA Indicator Yes
Average Current Balance $17,269.90

THE PEOPLES BANK-DIV OF SUNSOUTH BANK (0001)

Balance Detail | Account Detail | Interest Detail | Bank Defined Values

Today's Activity	
Unposted Items	$0.00
Teller Activity	$0.00
Contingency Withholding	$0.00
Total Activity	$0.00
Passbook Balance	$0.00

Available Balance Considerations	
Total Holds Amount	$0.00
Accrued Interest This Period	$59.90
Pending Accrued Interest	$0.00

Last Activity	Apr 27, 2003
Last Service Charge	
Last Customer Contact	Apr 27, 2003
Last Statement	Jun 22, 2003

Interest Paid This Year	$241.90
Interest Penalty This Year	$0.00
Interest Paid Last Year	$910.84

Activity | Deposits | History | Cancel

0593 | Branch 0002 | | | On-line | 6/10/2005 | Select this button to print the screen | Banxway

SunSouth Bank

Access Bank Controls Inquiry Customers Deposit Maintenance Time Deposit/IRA Safe Deposit Box Products
Loans Maintenance Management Information Transactions Services General Ledger Teller Management
Returned Deposited Items

F ? 8 Bank Rates

Call Center

Time Deposit Account Information

BARBARA P EVERETT		12-23 MONTH IRA	5673
IRA ACCT		Interest Rate	Review Deposits for Rate
		Current Balance	$17,084.53
IRA Indicator	Yes	Available Balance	$239.39
Average Current Balance	$17,084.53	Average Available Balance	$5.56

THE PEOPLES BANK- DIV OF SUNSOUTH BANK (0001)

Balance Detail | Account Detail | Interest Detail | Bank Defined Values

Today's Activity		Available Balance Considerations	
Unposted Items	$0.00	Total Holds Amount	$0.00
Teller Activity	$0.00	Accrued Interest This Period	$57.36
Contingency Withholding	$0.00	Pending Accrued Interest	$0.00
Total Activity	$0.00		
Passbook Balance	$0.00		

Last Activity	Apr 27, 2003	Interest Paid This Year	$239.39
Last Service Charge		Interest Penalty This Year	$0.00
Last Customer Contact	Apr 27, 2003	Interest Paid Last Year	$307.51
Last Statement	Jun 22, 2003		

Activity | Deposits | History | Cancel

0598 | Branch 0002 | On-line | 6/10/2005 | Select this button to print the screen | Banxway

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 AM 10:41

(Office Use Only) MC

ENI F. H. FALEOMAVAEGA (Full Name)

2422 Rayburn Building
Washington, DC 20515 (Mailing Address)

202-225-8577 (Daytime Telephone)

Filer Status [X] Member of the U.S. House of Representatives — State: AM. SAMOA District: Same [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4 § 104 and 18 U.S.C. § 1001.)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Faleomavaega	May 16, 2005

1187

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Continental Airlines, Inc.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoraria. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investment(s), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E P, S, E
SP, DC, JT	*Examples* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
	AMERICAN EXPRESS COMPANY, Minneapolis, MN 55474-9900:																															
M	IRA - AXP New Dimensions Fund			X										X								X (Reinvests)										
	AMERICAN EXPRESS - IRA Strategic Advantage Portfolio:																															
SP	Money Market & Cash		X											X								X (Reinvests)										
SP	Goldman Mid-Cap Value Fund A			X										X								X (Reinvests)										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eni F. H. Faleomavaega

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
SP	Strong Gov Sec Advt Fd			X										X								X (Reinvests)										
	AMERICAN EXPRESS-IDS LIFE ANNUITY, Minneapolis, MN 55474-9900:																															
SP	Flexible Annuity						X													NA												
SP	AXP Retirement Advantage Veriable Annuity				X															NA												
	AMERICAN ENTERPRISES INVESTMENT SERVICES, INC., Minneapolis, MN 55474-9900:																															
SP	Strategic Portfolio Adv Money Market & Cash		X											X								X (Reinvests)										
	CONTINENTAL AIRLINES RETIREMENT PLANS - IRC 401(k):																															
SP	Janus ST Bond Fund		X											X								X (Reinvests)										S,*
SP	Janus Flex Income Fund		X											X								X (Reinvests)										S,*
SP	TR Price New Income Fd			X										X								X (Reinvests)										
SP	TR Price Mid-Cap Value			X										X								X (Reinvests)										
SP	TR Price Personal Strategy Income Fund			X										X								X (Reinvests)										P
SP	TR Price Small-Cap Value Fund			X										X								X (Reinvests)										
SP	Fidelity Sel Insured Fd			X										X								X (Reinvests)										
SP	Fidelity Mid-Cap Stock Fund			X										X								X (Reinvests)										

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* Now below reporting threshold.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eni F. H. Faleomavaega

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	Fidelity SelectDefense & Aerospace Fund	C	DIVIDENDS	II (Reinvests)	
JT	511 Chandler Street Henderson, NV	F	RENT	VI	S, E
JT	913 Adobe Flat Drive Henderson, NV	F	RENT	VI	
JT	1148 South 1470 East Provo, UT	F	RENT	VI	P, E

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			12-12-04		X								
SP	401(k): Janus Short-Term Bond Fund		X		07-01-04	X									
SP	401(k): Janus Flexible Income Fund		X		07-01-04	X									
SP	401(k): TRowe Price Personal Strat Fund	X			07-01-04	X									
JT	511 Chandler St, Henderson, NV		X	X	05-21-04				X						
JT	1148 South 1470 East, Provo, UT	X		X	06-02-04				X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Congressional FCU	Personal Loan	X									
	Congressional FCU - VISA Card	Revolving Charge	X									
	USAA Mastercard	Revolving Charge	X									
JT	Countrywide Home Loans	Mortgage on 511 Chandler (Rental)				X (Paid off 5-21-2004)						
JT	American Home Mortgage Servicing (Previously Columbia National, Inc.)	Mortgage on 913 Adobe Flat Drive (Rental)				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
None		

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, De				X						
JT	American Gold Mortgage, Las Vegas, NV	Mortgage on 6039 Mustang Breeze #103, Las Vegas NV				X						
JT	Centennial Bank, Ogden, UT (Originator) U S Bank NA, St Paul, MN (Subsequent Holder of Mortgage - Holder in due	Mortgage on rental: 1148 1470 East, Provo, UT course)				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$[illegible]
NA		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	The Humpty Dumpty Institute	May 7-8	Wash., DC - New York City - Wash., DC	Y	Y	N	N
	The Jewish Congress of Kazakhstan	Jul 31-Aug. 1	Wash., DC - Kazakhstan	Y	Y	Y	N
		Aug. 6-7	Kazakhstan - San Francisco	Y	Y	Y	N
		Aug. 7-8	San Francisco - New Zealand	Y	Y	Y	N
		Aug. 9-11	New Zealand - Apia, Samoa	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
President & Director	The Faleomavaega Community Service Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.

HAND DELIVERED

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2005 MAY 16 PM 2:01
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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Sam Farr
(Full Name)

1221 Longworth House Office Building Washington, DC 20515
(Mailing Address)

(202) 225-2861
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative	State: CA District: 17	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (*i.e.*, aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Sam Farr	05/13/05

SCHEDULE I - EARNED INCOME

Name Sam Farr

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Financial Transitions Institute	Spouse Salary	N/A
Hospice of Monterey	Spouse Salary	N/A
Community Hospital of Monterey County	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sam Farr

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Chevy Chase Land Company	$50,001 - $100,000	DIVIDENDS	$5,001 - $15,000	
	Devil's Flat Association	$15,001 - $50,000		NONE	
	Point 16, Big Sur, CA	$500,001 - $1,000,000	RENT	$2,501 - $5,000	
	Sharlands Investment Company	$1,001 - $15,000		NONE	
	Columbia Channel Gold Mine	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Interest - CA State Retirement	$15,001 - $50,000	Other: Pension income	$2,501 - $5,000	

1200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sam Farr

	Sorensen's Resort	$15,001 - $50,000	Other: Partnership distribution	$2,501 - $5,000	
	Tahoe Cabin	$15,001 - $50,000	RENT	$2,501 - $5,000	
	Lots 7, 9, 10 (SE corner of Santa Lucia & Camino Real in Carmel, CA)	$250,001 - $500,000		NONE	
	The following stocks were acquired as a result of father's death and the dissolution of the Janet H. Farr Trust:				
	Boeing Company Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Bristol Myers Squib	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	ChevronTexaco Corp. Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Colgate Palmolive Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	General Electric Stock	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	Hewlett Packard Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	IBM Corp. Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Motorola Inc. Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Washington Mutual Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sam Farr

	Hartford Financial Services Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Intel Corp. Stock	$50,001 - $100,000	DIVIDENDS	$1 - $200	
	Pfizer Inc. Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Medco Health Solutions Inc. Stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Merck & Co. Stock	None	DIVIDENDS	$201 - $1,000	S
	Freescale Semiconductor	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Vista Lobos Apartments (Interest held through the Farr Children's Trust and the Delores Farr Trust. Filer is 50% beneficiary)	$250,001 - $500,000	RENT	$50,001 - $100,000	
	Morgan Stanley Dean Witter (mutual funds and money market)	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Congressional Federal Credit Union (Savings Account)	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Congressional Federal Credit Union (IRA)	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name Sam Farr

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Merck & Co. Stock	S	11-16-04	$15,001 - $50,000
	Freescale Semiconductor (stock spinoff from Motorola Inc.)	P	12-2-04	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Sam Farr

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
The Faith & Politics Institute (Retreat)	Jan. 23-25	Carmel, CA - Santa Barbara, CA - Carmel, CA	Y	Y	Y	N/A
The Aspen Institute (Conference)	Apr. 13-18	Monterey, CA - Great Exuma Island, Bahamas - Washington, D.C.	Y	Y	Y	N/A
The American Legacy Foundation (Meetings)	Jul. 9-11	Washington, D.C. - Miami, FL - Washington, D.C.	Y	Y	N	N/A

HAND DELIVERED

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A

For use by Members, officers, and employees

2005 MAY 25 PM 5:18

HC

Chaka Fattah
(Full Name)

2301 Rayburn HOB Washington, DC 20515
(Mailing Address)

202.225.4001
Daytime Telephone

(Office Use Only).

Filer Status	☑ Member of the U.S. House of Representatives — State: PA, District: 02	☐ Officer Or Employee — Employing Office:	**A $200 penalty shall be assessed against anyone who files more than 30 days late.**
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☑ No ☐
IV.	Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Chaka Fattah	5-25-05

SCHEDULE I - EARNED INCOME

Name Chaka Fattah

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
GE	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Chaka Fattah

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $6,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year
Self	PA State Employee Retirement System	$50,001 - $100,000	Pension reported as earned income	$2,501 - $5,000	N/A
Self	Congressional Federal Credit Union Savings Account	$100,001 - $250,000	INTEREST	$1,001 - $2,500	N/A
SP	GE	$100,001 - $250,000	Other: 401K	NONE	N/A

SCHEDULE V - LIABILITIES

Name Chaka Fattah

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
S	Wachovia	Line of Credit	$15,001 - $50,000
SP	American Financial	Student Loan	$10,001 - $15,000
S	Wright Patman Credit Federal Credit Union	Line of Credit	$15,001 - $50,000

SCHEDULE VIII - POSITIONS

Name Chaka Fattah

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Philadelphia Futures

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2005 MAY 16 PM 3:29
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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

1210

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Thomas C. Feeney, III
(Full Name)

3994 Carnaby Street
(Mailing Address)

Oviedo, FL 32765

Daytime Telephone: (202)226-2740

Filer Status	[X] Member of the U.S. House of Representatives	State Florida District 24	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 12, 2005

Name Thomas C. Feeney, III	Page [illegible] of [illegible]

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Dekalb County Board of Education	Spouse Salary	NA
	Space Gateway Support	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

1211

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
NOT APPLICABLE			

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Name Thomas C. Feeney, III | Page 4 of 12

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P S E
SP, DC, JT	*Examples:*	SP					X								X										X								P
		Mega Corp. Stock																															
		Simon & Schuster		Indefinite																	Royalties									X			
		1st Bank of Paducah, KY accounts						X									X									X							
JT	12063 Gray Birch Circle Orlando, FL								X							X											X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas C. Feeney, III

SP, DC, ST	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	FIDELITY IRA:																															
	Fed Exp Corp			X										X								X										
	General Dynamics			X										X								X										
	HCA Inc.				X									X										X								
	Lifepoint Hospital		X											X							X											
	Northrop Gruman			X										X								X										
	Triad Hosp Inc.		X											X							X											
	Triquint Semiconductor			X										X							X											
	Fidelity China Region			X												X					X											
	Fidelity Cash Reserves			X												X							X									
	FIDELITY IRA MAGELLAN:																															
	Fidelity Worldwide				X									X								X										
	Fidelity Contrafund				X									X								X										
	Fidelity Growth Company		X											X							X											
	Fidelity Select Food/Ag				X									X								X										
	EE BONDS			X																	X											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas C. Feeney, III

Page 4 of 10

SP. DC. J*	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
SP	401(k) PLAN:																															
	Euro Pacific Growth				X									X												X						
	ING Baron Small Growth				X									X										X								
	ING Int'l Val Fund				X									X										X								
	ING TRP Mid Cap Growth						X							X												X						
	ING T Rowe Price			X										X													X					
	Loan Fund				X															Loan	X											
	Growth Fund of America				X									X										X								

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SCHEDULE IV — TRANSACTIONS

Name Thomas C. Feeney, III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
JT	7864 Autumn Wood Drive Orlando, FL		X		8/16/04				X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Countrywide Home Loans, CA	Mortgage Gray Birch Circle Rental				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
NOT APPLICABLE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Conservative Members Retreat The Heritage Foundation	Jan 21-23	Wash., D.C. - MD - Wash, DC	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Board Member	Central Florida Children's Home

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NOT APPLICABLE	

GPO 2566 98-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 4:05

(Office Use Only)

MICHAEL A. FERGUSON
(Full Name)

6 BROKEN ARROW ROAD WARREN, NJ 07059
(Mailing Address)

(202) 225-5361
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: NEW JERSEY District: 7TH	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Mike Ferguson	5/16/05

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	N/A
ALL EARNED INCOME WAS FROM FILER'S EMPLOYMENT WITH U.S. GOVERNMENT.	N/A	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
N/A	N/A	N/A	N/A

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P S E
SP	Mega Corp. Stock					X								X										X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	MERRILL LYNCH- #XXX-XXX44							X						X		X	X									X						
JT	MERRILL LYNCH- #XXX-XXX45			X												X						X										
JT	MERRILL LYNCH- #XXX-XXX43		X											X								X										
	MERRILL LYNCH ROTH IRA			X												N/A								N/A								
SP	MERRILL LYNCH ROTH IRA			X												N/A								N/A								
	MERRILL LYNCH IRA			X												N/A								N/A								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MICHAEL A. FERGUSON

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	MERRILL LYNCH IRA	D X	INTEREST: N/A	V $2,501 – $5,000: N/A	

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP DC JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
JT	SEE MERRILL LYNCH STATEMENTS ATTACHED							SEE ATTACHED							

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NR PRC FINANCIAL CONSULTANTS COB 04/16/05

SECURITY ACTIVITY FC:1603

ACCT: 5AX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION		PRICE	NET AMOUNT
01/04/05	BOT		5	VALSPAR CORP	CO	48.6600	243
01/04/05	BOT		1	VERIZON COMMUNICATNS	CO	40.1800	40
01/04/05	SLD		2C	VODAFONE GRP PLC SPN	AD	27.0200	54C
01/04/05	SLD		6C	VALASSIS COMMUNCN INC		34.3500	206C
01/04/05	SLD		1C	VIACOM INC CL B		37.0000	36C
01/04/05	SLD		2C	WASHINGTON MUTUAL INC		42.2800	84C
01/04/05	SLD		6C	WAL-MART STORES INC		53.6600	321C
01/04/05	SLD		1C	WESTPAC BANKING ADR		75.3100	75C
01/04/05	SLD		2C	WEYERHAEUSER CO		66.7500	133C
01/04/05	SLD		20C	XEROX CORP		16.6924	333C
01/04/05	BOT		19	WEBMD CORP DELAWARE	CO	7.9700	151
01/04/05	SLD		4C	WACHOVIA CORP NEW		52.3956	209C
01/04/05	SLD		1C	WYETH		42.5500	42C
12/27/04	DIV		11	AUTODESK INC DEL PV$0.0		.0000	0
12/27/04	DUDB		11C	AUTODESK INC DEL PV$0.0		.0000	0
12/23/04	BOT		70	EXXON MOBIL CORP	CO	51.4409	3,600
12/23/04	BOT		9	EMERSON ELEC CO		69.9865	629
12/23/04	SLD		8C	FORTUNE BRANDS INC		76.2503	609C
12/23/04	SLD		18C	FANNIE MAE (USA) COM	NP	70.2209	1,263C
12/23/04	BOT		11	GLAXOSMITHKLINE PLC	AD	46.5812	512
12/23/04	SLD		8C	KING PHARMACEUTICALS	IN	12.2282	97C
12/23/04	SLD		17C	KELLOGG CO PV 25CT		44.6003	758C
12/23/04	SLD		7C	LEXMARK INTL INC CL A		85.3120	597C
12/23/04	BOT		12	TXU CORP		64.4038	772
12/21/04	DUDB		11	AUTODESK INC DEL PV$0.0		.0000	0
12/09/04	SLD		17C	BRITISH AMN TOBACO	SPAD	33.3476	566C
12/06/04	DIV		13	SYMANTEC CORP	CO	.0000	0
12/06/04	DUDB		13C	SYMANTEC CORP	CO	.0000	0
12/01/04	DUDB		13	SYMANTEC CORP	CO	.0000	0
11/29/04	BOT		1	AMER INTL GROUP INC		63.8369	63
11/29/04	SLD		12C	AVON PROD INC		38.4600	461C
11/29/04	SLD		33C	BRISTOL-MYERS SQUIBB	CO	23.5300	776C
11/29/04	SLD		15C	BRISTOL-MYERS SQUIBB	CO	23.5300	352C
11/29/04	SLD		1C	FPL GROUP INC		71.8627	71C
11/29/04	SLD		23C	GRAFTECH INTL LTD		9.5900	220C
11/29/04	SLD		11C	GENERAL MOTORS CORP		38.7300	426C
11/29/04	SLD		10C	GENERAL MOTORS CORP		38.7300	387C
11/29/04	SLD		8C	GENERAL MOTORS CORP		38.7300	309C
11/29/04	SLD		20C	HUMAN GENOME SCIENCS	IN	10.7500	214C
11/29/04	SLD		17C	INTEL CORP		22.8500	388C
11/29/04	SLD		10C	INTEL CORP		22.8500	228C
11/29/04	SLD		7C	KING PHARMACEUTICALS	IN	11.5633	80C
11/29/04	SLD		2C	KIMBERLY CLARK		63.8700	127C
11/29/04	SLD		157C	LUCENT TECHNOLOGIES	INC	4.0000	627C

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ATEMENT FOR TAX INFORMATION.

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WR PRC FINANCIAL CONSULTANTS COB 04/16/05

SECURITY ACTIVITY FC:1603

ACCT: SAX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
11/29/04	SLD		25C	MEDTRONIC INC CO	48.2900	1,207C
11/29/04	SLD		20C	MERCK&CO INC	27.7200	554C
11/29/04	SLD		5C	MERCK&CO INC	27.7200	138C
11/29/04	SLD		5C	MERCK&CO INC	27.7200	138C
11/29/04	SLD		5C	MERCK&CO INC	27.7200	138C
11/29/04	SLD		3C	MERCK&CO INC	27.7200	83C
11/29/04	SLD		20C	NTT DOCOMO INC SPD AD	17.2600	345C
11/29/04	BOT		9	PFIZER INC DEL PV$0.05	27.6209	248
11/29/04	BOT		61	STANDARD&POORS DEP RCPT	117.8900	7,191
11/29/04	SLD		21C	WEBMD CORP DELAWARE CO	7.1100	149C
11/26/04	SLD		1C	FPL GROUP INC	72.7290	72C
11/24/04	BOT		5	AMER INTL GROUP INC	64.1518	320
11/24/04	SLD		1C	FPL GROUP INC	73.0152	73C
11/24/04	BOT		1	RELIANCE STL & ALUM CO	40.0574	40
11/23/04	BOT		3	AMER INTL GROUP INC	64.2504	192
11/23/04	BOT		1	RELIANCE STL & ALUM CO	39.4758	39
11/22/04	SLD		14C	ALLIED WASTE INDS NEW	8.6128	120C
11/22/04	BOT		2	RELIANCE STL & ALUM CO	39.5807	79
11/19/04	SLD		8C	ASTRAZENECA PLC SPND AD	39.6328	317C
11/19/04	SLD		12C	ALLIED WASTE INDS NEW	8.9391	107C
11/19/04	BOT		22	JDA SOFTWARE GROUP INC	12.9053	283
11/19/04	BOT		2	RELIANCE STL & ALUM CO	38.6365	77
11/18/04	SLD		2C	ALLIED WASTE INDS NEW	9.1993	18C
11/18/04	BOT		1	RELIANCE STL & ALUM CO	38.6311	38
11/18/04	SLD		4C	TALBOTS INC	28.0746	112C
11/17/04	BOT		5,560	FNMA P725704 06%2034	103.5468	5,199
11/17/04	BOT		12	TJX COS INC NEW	24.2959	291
11/17/04	SLD		6C	TALBOTS INC	29.1356	174C
11/17/04	BOT		4	US BANCORP (NEW)	30.2665	121
11/16/04	SLD		30C	ARCHER DANIELS MIDLD	20.5461	616C
11/16/04	BOT		8	US BANCORP (NEW)	30.0857	240
11/15/04	BOT		2,000	JPMORGAN CHASE & CO	100.9310	2,036
11/15/04	BOT		2,000	VIACOM INC	106.5920	2,160
11/15/04	SLD	N	4,000C	FED NAT'L MORTGAGE ASSO	109.0436	4,384C
11/15/04	SLD		5C	ALTRIA GROUP INC	54.3695	271C
11/15/04	BOT		17	HALLIBURTON COMPANY	37.2865	633
11/15/04	BOT		6	MICROSOFT CORP	27.3181	163
11/15/04	BOT		25	SARA LEE CORP CO	24.1685	604
11/15/04	SLD		10C	SCHLUMBERGER LTD	64.7747	647C
11/15/04	BOT		8	US BANCORP (NEW)	30.3291	242
11/12/04	XCH		28	NEWS CORP CL	.0000	0
11/12/04	XCH		14C	NEWS CORP LTD SPON AD	.0000	0
11/12/04	BOT		8	US BANCORP (NEW)	30.2478	241
11/11/04	SLD		19C	PARAMETRIC TECHNOLOGY C	5.5022	104C

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WR PRC FINANCIAL CONSULTANTS COB 04/16/05

SECURITY ACTIVITY FC:1603

ACCT: 5AX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
11/10/04	BOT		2	CINERGY CORP COM	40.8935	81
11/10/04	SLD		3C	DIAMOND OFFSHORE DRLNG	33.7074	101C
11/10/04	SLD		2C	HARRAH'S ENTERTAINMT IN	58.8579	117C
11/10/04	BOT		7	MATTEL INC CO	18.2392	127
11/10/04	BOT		3	SOVEREIGN BANCRP INC CO	22.1699	66
11/10/04	BOT		2	TECH DATA CORP	40.7040	81
11/09/04	BOT		5,000	FNMA 06011V 06%	.0000	0
11/09/04	CXLB		5,000C	FNMA 06011V 06%	.0000	0
11/09/04	SLD		29C	ENERGY EAST CORP CO	25.6451	743C
11/09/04	SLD		7C	STATOIL ASA AD	14.4150	100C
11/08/04	SLD		6C	AUTODESK INC DEL PV$0.0	57.6714	346C
11/08/04	BOT		15	INTUIT INC CO	43.5760	653
11/08/04	SLD		30C	STATOIL ASA AD	14.4540	433C
11/08/04	SLD		18C	XEROX CORP	15.9291	286C
11/05/04	SLD		1C	STATOIL ASA AD	14.6998	14C
11/05/04	BOT		5	SMITHFILDS FOODS PV$0.5	25.7851	128
11/05/04	BOT		8	US BANCORP (NEW)	29.7765	238
11/04/04	BOT		18	ASML HLDNG NV NY REG SH	14.4448	260
11/04/04	BOT		6	CONVERGYS CORP	13.8908	83
11/04/04	SLD		9C	DEL MONTE FOODS CO	10.7660	96C
11/04/04	SLD		12C	LIMITED BRANDS INC	25.0000	299C
11/04/04	SLD		31C	NOMURA HLDGS INC AD	12.3948	384C
11/04/04	BOT		6	SMITHFILDS FOODS PV$0.5	25.6041	153
11/04/04	BOT		16	US BANCORP (NEW)	29.4720	471
11/03/04	BOT		18	ASML HLDNG NV NY REG SH	14.3073	257
11/03/04	SLD		57C	ARCHER DANIELS MIDLD	19.0252	1,084C
11/03/04	SLD		1C	NOMURA HLDGS INC AD	12.1716	12C
11/03/04	SLD		1C	NOMURA HLDGS INC AD	12.4015	12C
11/03/04	SLD		1C	NOMURA HLDGS INC AD	12.4301	12C
11/03/04	BOT		1	TAIWAN S MANUFCTRING AD	8.1203	8
11/03/04	BOT		6	US BANCORP (NEW)	28.9132	173
11/02/04	SLD		3C	INFOSYS TECH LTD ADR	65.6437	196C
11/02/04	BOT		3	LINEAR TECHNOLOGY CORP	38.2175	114
11/02/04	BOT		24	SARA LEE CORP CO	23.3167	559
11/02/04	BOT		50	TAIWAN S MANUFCTRING AD	7.8865	394
11/01/04	SLD		12C	AU OPTRONICS CORP ADR	9.8160	117C
11/01/04	BOT		5	CONAGRA FOODS INC	26.4675	132
11/01/04	SLD		1C	INFOSYS TECH LTD ADR	66.5772	66C
11/01/04	BOT		16	LINEAR TECHNOLOGY CORP	37.9006	606
11/01/04	BOT		15	NOKIA CORP ADR	15.5716	233
11/01/04	SLD		16C	STRYKER CORP	42.2205	675C
11/01/04	BOT		16	TAIWAN S MANUFCTRING AD	7.5688	121
10/27/04	SLD		7C	BECKMAN COULTER INC CO	57.5168	402C
10/26/04	SLD		19C	BURLNGTN N SNTA FE$0.01	40.6902	773C

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<MORE>

WR PRC FINANCIAL CONSULTANTS COB 04/16/05
SECURITY ACTIVITY FC:1603

ACCT: 5AX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
10/25/04	BOT		8	DOW CHEMICAL PV 2 50	43.6318	349
10/25/04	BOT		8	KING PHARMACEUTICALS IN	11.5540	92
10/25/04	SLD		2C	PROTECTIVE LIFE CORP CO	37.5604	75C
10/25/04	SLD		4C	SYMANTEC CORP CO	57.9758	231C
10/25/04	BOT		11	WEBMD CORP DELAWARE CO	7.1739	78
10/22/04	BOT		5	CONVERGYS CORP	13.1657	65
10/22/04	BOT		3	LINENS N THINGS INC	23.4073	70
10/22/04	SLD		2C	NORTHROP GRUMMAN CORP	50.6000	101C
10/18/04	BOT		14	BLOCK H&R INC	47.5424	665
10/18/04	SLD		11C	COCA COLA COM	39.1463	430C
10/18/04	SLD		58C	DELPHI CORPORATION	8.3277	482C
10/18/04	SLD		25C	MERCK&CO INC	30.4673	761C
10/18/04	BOT		37	ORACLE CORP $0.01 DE	12.1761	450
10/18/04	BOT		27	SARA LEE CORP CO	22.4863	607
10/15/04	BOT		1	CORRECTIONS CORP OF AME	34.6368	34
10/14/04	BOT		1	CORRECTIONS CORP OF AME	34.2390	34
10/13/04	SLD		2C	CSX CORP	34.0712	68C
10/13/04	BOT		1	CORRECTIONS CORP OF AME	34.4294	34
10/13/04	BOT		2	FLUOR CORP NEW DEL CO	44.0014	88
10/13/04	SLD		4C	LIMITED BRANDS INC	23.0030	92C
10/13/04	BOT		15	MATTEL INC CO	17.9038	268
10/13/04	BOT		5	MEREDITH CORP	51.9369	259
10/12/04	SLD		21C	BURLNGTN N SNTA FE$0.01	39.9907	839C
10/12/04	BOT		12	GENERAL MOTORS CORP	41.6689	500
10/12/04	BOT		1	MEREDITH CORP	51.7630	51
10/11/04	SLD		8C	APOLLO GROUP INC CL A	68.4994	547C
10/11/04	SLD		27C	AGILENT TECHNOLOGIES IN	22.1977	599C
10/11/04	BOT		12	BEST BUY CO INC	54.9943	659
10/11/04	BOT		6	MEREDITH CORP	51.3222	307
10/11/04	SLD		17C	PARAMETRIC TECHNOLOGY C	5.4504	92C
10/08/04	BOT		6	CONVERGYS CORP	13.3979	80
10/08/04	SLD		4C	CONSECO INC	17.6000	70C
10/08/04	BOT		2	FLUOR CORP NEW DEL CO	44.6743	89
10/08/04	SLD		2C	MASCO CORP	33.3530	66C
10/08/04	SLD		3C	PARAMETRIC TECHNOLOGY C	5.4536	16C
10/08/04	SLD		10C	TELLABS INC DEL PV 1CT	9.0644	90C
10/05/04	SLD		8C	ALLIED WASTE INDS NEW	8.9710	71C
10/04/04	SLD		5C	ALLIED WASTE INDS NEW	9.0547	45C
10/01/04	BOT		14	WEBMD CORP DELAWARE CO	6.9985	97
09/30/04	BOT		4	ASCENTIAL SOFTWARE CORP	13.4678	53
09/30/04	BOT		3	ACE LTD	39.9571	119
09/30/04	BOT		9	E TRADE FINANCIAL CORP	11.3961	102
09/30/04	BOT		3	SUNGARD DATA SYS INC	23.6537	70
09/30/04	BOT		12	WEBMD CORP DELAWARE CO	6.9300	83

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WR PRC FINANCIAL CONSULTANTS COB 04/16/05

SECURITY ACTIVITY FC:1603

ACCT: 5AX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
09/29/04	SLD		22C	BEA SYSTEMS INC CO	6.9393	152C
09/28/04	BOT		36	MITSUBISHI TOKYO FIN AD	8.2054	295
09/28/04	SLD		17C	NIPPON TELG&TEL SPDN AD	19.0059	323C
09/27/04	SLD		21C	INTL GAME TECHNOLOGY	33.4807	703C
09/27/04	BOT		17	MITSUBISHI TOKYO FIN AD	8.1552	138
09/27/04	SLD		1C	NIPPON TELG&TEL SPDN AD	19.6856	19C
09/27/04	BOT		67	ORACLE CORP $0.01 DE	11.1520	747
09/24/04	BOT		6	MITSUBISHI TOKYO FIN AD	8.3618	50
09/24/04	SLD		1C	NIPPON TELG&TEL SPDN AD	19.8564	19C
09/22/04	SLD		1C	CORRECTIONS CORP OF AME	35.3559	35C
09/22/04	BOT		7	LEHMAN BROTHRS HLDGS CO	79.8629	559
09/21/04	SLD		3C	CORRECTIONS CORP OF AME	36.0010	107C
09/21/04	BOT		3	MERCK&CO INC	44.9611	134
09/20/04	SLD		8C	BECKMAN COULTER INC CO	56.0629	448C
09/20/04	SLD		1C	CORRECTIONS CORP OF AME	35.9505	35C
09/16/04	DIV		18	CHEVRONTEXACO CORP	.0000	0
09/16/04	DUDB		18C	CHEVRONTEXACO CORP	.0000	0
09/16/04	BOT		4	LEHMAN BROTHRS HLDGS CO	77.7335	310
09/15/04	SLD		3C	INFOSYS TECH LTD ADR	57.3913	172C
09/15/04	BOT		4	LEHMAN BROTHRS HLDGS CO	77.1775	308
09/15/04	SLD		21C	SBC COMMUNICTNS INC PV$	26.1486	549C
09/15/04	BOT		1	SHIRE PHARMECEU GP ADR	27.5385	27
09/14/04	SLD		5C	CONSECO INC	17.8041	89C
09/14/04	BOT		5	E TRADE FINANCIAL CORP	12.2063	61
09/14/04	BOT		3	SHIRE PHARMECEU GP ADR	27.7577	83
09/14/04	BOT		2	TALBOTS INC	29.7598	59
09/13/04	BOT	N	2,000	GENERAL ELECTRIC COMPAN	102.7490	2,067
09/13/04	SLD	N	2,000C	SBC COMMUNICATIONS INC	106.8210	2,146C
09/13/04	DUDB		18	CHEVRONTEXACO CORP	.0000	0
09/10/04	BOT		12	ASCENTIAL SOFTWARE CORP	14.2144	170
09/10/04	SLD		23C	BANCO SANT CTL HISP ADR	10.0067	230C
09/10/04	BOT		3	FANNIE MAE (USA) COM NP	77.1497	231
09/10/04	BOT		4	LEHMAN BROTHRS HLDGS CO	78.1933	312
09/10/04	SLD		7C	SBC COMMUNICTNS INC PV$	26.2845	183C
09/09/04	BOT		6	ASCENTIAL SOFTWARE CORP	13.1655	78
09/09/04	SLD		19C	ENERGY EAST CORP CO	24.5196	465C
09/09/04	BOT		4	FANNIE MAE (USA) COM NP	76.9566	307
09/09/04	BOT		3	LEHMAN BROTHRS HLDGS CO	76.8938	230
09/09/04	SLD		22C	SBC COMMUNICTNS INC PV$	26.4095	580C
09/09/04	BOT		8	VIACOM INC CL B	34.7256	277
09/08/04	BOT		4	ASCENTIAL SOFTWARE CORP	13.0300	52
09/08/04	SLD		15C	MCAFEE INC	18.5241	277C
09/08/04	SLD		9C	TJX COS INC NEW	21.9270	197C
09/08/04	SLD		11C	TELLABS INC DEL PV 1CT	10.0106	110C

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WR PRC FINANCIAL CONSULTANTS COB 04/16/05

SECURITY ACTIVITY FC:1603

ACCT: SAX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION		PRICE	NET AMOUNT
09/08/04	BOT		6	UST INC COM		40.1287	240
09/07/04	SLD		17C	BROADCOM CORP CALIF CL		25.6336	435C
09/07/04	BOT		4	FANNIE MAE (USA) COM NP		77.1811	308
09/07/04	BOT		3	FOOT LOCKER INC N.Y.	CO	22.9463	68
09/07/04	BOT		25	MEDTRONIC INC	CO	50.5724	1,264
09/07/04	SLD		33C	NEXTEL COMMUNICATIONS		23.5021	775C
09/07/04	SLD		15C	TJX COS INC NEW		21.9362	329C
09/07/04	SLD		14C	TELLABS INC DEL PV 1CT		9.1313	127C
09/07/04	BOT		8	UST INC COM		39 8375	318
09/03/04	BOT		3	FANNIE MAE (USA) COM NP		76.0955	228
09/02/04	SLD		2C	BOEING COMPANY		52.7366	105C
09/02/04	BOT		8	VIACOM INC CL B		33.4876	267
09/01/04	SLD		4C	BOEING COMPANY		52.3264	209C
09/01/04	BOT		9	VIACOM INC CL B		33.6204	302
08/30/04	SLD		13C	ANALOG DEVICES INC	CO	34.6513	450C
08/30/04	BOT		11	MERCK&CO INC		45.5355	500
08/27/04	DIV		10	BALL CORP	CO	.0000	0
08/27/04	DUDB		10C	BALL CORP	CO	.0000	0
08/27/04	SLD		5C	BANKNORTH GROUP	MAIN	34.4004	171C
08/27/04	BOT		4	CENDANT CORP $0.01		21.8886	87
08/27/04	BOT		2	HARRAH'S ENTERTAINMT	IN	48.0497	96
08/27/04	SLD		66C	MATTEL INC	CO	16.0438	1,058C
08/27/04	SLD		1C	NORTHROP GRUMMAN CORP		51.5045	51C
08/26/04	BOT		5	E TRADE FINANCIAL CORP		12.1766	60
08/26/04	BOT		4	HARRAH'S ENTERTAINMT	IN	48.1596	192
08/26/04	SLD		7C	KNIGHT TRADING GROUP	IN	9.3891	65C
08/25/04	SLD		1C	CNF INC DEL	CO	40.9743	40C
08/25/04	BOT		17	E TRADE FINANCIAL CORP		11.9601	203
08/25/04	BOT		9	EQUITY OFFICE PPTYS	SB	27.9461	251
08/25/04	SLD		14C	KNIGHT TRADING GROUP	IN	9.4393	132C
08/24/04	DUDB		10	BALL CORP	CO	.0000	0
08/24/04	BOT		38	STATOIL ASA	AD	12.8670	488
08/23/04	BOT		6	INTL BUSINESS MACHINES		85.3092	511
08/23/04	SLD		2C	MATTEL INC	CO	16.3331	32C
08/23/04	SLD		34C	NATL SEMICONDUCTOR		14.3013	486C
08/20/04	BOT		5	FANNIE MAE (USA) COM	NP	74.1100	370
08/20/04	SLD		16C	MATTEL INC	CO	16.3430	261C
08/20/04	BOT		8	VIACOM INC CL B		35.3280	282
08/19/04	BOT		3	FANNIE MAE (USA) COM	NP	74.2713	222
08/19/04	SLD		10C	MATTEL INC	CO	16.4414	164C
08/19/04	DIV		16	QUALCOMM INC		.0000	0
08/19/04	DUDB		16C	QUALCOMM INC		.0000	0
08/19/04	BOT		8	VIACOM INC CL B		34.6160	276
08/18/04	SLD		4C	BECKMAN COULTER INC	CO	53.6403	214C

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WR PRC FINANCIAL CONSULTANTS COB 04/16/05

SECURITY ACTIVITY FC:1603

ACCT: 5AX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
08/17/04	BOT		8	BRISTOL-MYERS SQUIBB CO	23.0941	184
08/16/04	BOT		3	INTL BUSINESS MACHINES	84.1434	252
08/16/04	SLD		13C	MICROSOFT CORP	27.0745	351C
08/16/04	DUDB		16	QUALCOMM INC	.0000	0
08/16/04	SLD		6C	SYMBOL TECHNOLOGIES DEL	11.7936	70C
08/13/04	BOT		6	COLONIAL BANCGROUP DEL	19.0424	114
08/12/04	BOT		5	COLONIAL BANCGROUP DEL	18.9024	94
08/11/04	BOT		3	COLONIAL BANCGROUP DEL	18.7875	56
08/11/04	SLD		4C	LIMITED BRANDS INC	19.2267	76C
08/10/04	SLD		10C	NOVELL INC	6.5283	65C
08/09/04	BOT		44	DELL INC	34.2962	1,509
08/09/04	SLD		44C	MICROSOFT CORP	27.1684	1,195C
08/09/04	SLD		43C	NOVELL INC	6.4673	278C
08/09/04	BOT		5	UNITEDHEALTH GROUP INC	61.5037	307
08/02/04	BOT		3	SHIRE PHARMECEU GP ADR	26.5258	79
08/02/04	SLD		31C	TEXAS INSTRUMENTS	20.9810	650C
08/02/04	BOT		11	UNITEDHEALTH GROUP INC	62.8528	691
07/30/04	SLD		27C	BEA SYSTEMS INC CO	6.4550	174C
07/30/04	SLD		3C	CNF INC DEL CO	41.1966	123C
07/30/04	SLD		7C	COCA COLA ENTERPRISES	20.6976	144C
07/30/04	SLD		3C	LIMITED BRANDS INC	20.0413	60C
07/30/04	BOT		1	SHIRE PHARMECEU GP ADR	26.5709	26
07/29/04	SLD		5C	COCA COLA ENTERPRISES	20.6094	103C
07/21/04	SLD		4C	UNILEVER NV NY REG SHS	64.8864	259C
07/20/04	SLD		2C	BURLNGTN N SNTA FE$0.01	34.4600	68C
07/20/04	SLD		3C	UNILEVER NV NY REG SHS	65.3212	195C
07/19/04	SLD		7C	ALTRIA GROUP INC	48.9297	342C
07/19/04	SLD		3C	BURLNGTN N SNTA FE$0.01	35.1018	105C
07/19/04	SLD		3C	BURLNGTN N SNTA FE$0.01	34.7545	104C
07/19/04	BOT		8	BOEING COMPANY	48.9945	391
07/15/04	SLD		3C	BURLNGTN N SNTA FE$0.01	35.2455	105C
07/13/04	SLD		5C	BECTON DICKINSON CO	48.4181	242C
07/13/04	SLD		4C	BLOCK H&R INC	48.0288	192C
07/13/04	BOT		5	CEPHALON INC CO	51.3003	256
07/13/04	BOT		15	MCAFEE INC	17.0262	255
07/13/04	BOT		2	PEPSI BOTTLING GROUP IN	30.2253	60
07/12/04	SLD		8C	BLOCK H&R INC	47.2917	378C
07/12/04	BOT		13	BOEING COMPANY	50.0850	651
07/12/04	DIV		6	INFOSYS TECH LTD ADR	.0000	0
07/12/04	DUDB		6C	INFOSYS TECH LTD ADR	.0000	0
07/12/04	SLD		34C	NETWORK APPLIANCE INC C	18.4254	626C
07/12/04	BOT		17	PEPSI BOTTLING GROUP IN	30.3352	515
07/12/04	BOT		3	SHIRE PHARMECEU GP ADR	26.4412	79
07/09/04	BOT		3	SHIRE PHARMECEU GP ADR	26.2161	78

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WR PRC FINANCIAL CONSULTANTS COB 04/16/05

SECURITY ACTIVITY FC:1603

ACCT: SAX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION		PRICE	NET AMOUNT
07/08/04	SLD		1C	BARD C R INC		55.9002	55C
07/08/04	BOT		4	SHIRE PHARMECEU GP ADR		26.5306	106
07/08/04	BOT		3	VALASSIS COMMUNCN INC		29.0038	87
07/07/04	DUDB		6	INFOSYS TECH LTD ADR		.0000	0
07/07/04	BOT		25	SOLECTRON CORP		6.2613	156
07/06/04	SLD		12C	ALTRIA GROUP INC		49.4687	593C
07/06/04	SLD		12C	ALTRIA GROUP INC		49.4743	593C
07/06/04	CXLS		12	ALTRIA GROUP INC		49.4687	593
07/06/04	BOT		76	SOLECTRON CORP		6.0590	460
07/02/04	BOT		23	ABN-AMRO HOLDING NV ADR		21.8861	503
07/01/04	BOT		2	BJ SERVICES CO		45.8846	91
07/01/04	BOT		4	DIAMOND OFFSHORE DRLNG		24.0752	96
07/01/04	SLD		9C	HALLIBURTON COMPANY		30.0815	270C
07/01/04	BOT		2	NOBLE ENERGY INC		51.4760	102
07/01/04	SLD		13C	ROYAL DUTCH PETE NY SHS		51.4753	669C
06/30/04	BOT		15	APPLIED MICRO CIRCUITS		5.0749	76
06/30/04	BOT		9	BEA SYSTEMS INC	CO	8.1722	73
06/30/04	SLD		3C	CNF INC DEL	CO	40.9804	122C
06/30/04	BOT		5	CONVERGYS CORP		15.0826	75
06/30/04	BOT		5	CONSECO INC		19.9025	99
06/30/04	SLD		4C	HALLIBURTON COMPANY		30.0912	120C
06/30/04	BOT		6	KING PHARMACEUTICALS IN		11.4440	68
06/30/04	SLD		2C	PROTECTIVE LIFE CORP	CO	38.2242	76C
06/30/04	SLD		8C	TAKE TWO INTER SOFTWARE		30.4386	243C
06/29/04	BOT		3	BLACK AND DECKER CRP	CO	61.6232	184
06/29/04	SLD		2C	STEEL DYNAMICS INC	CO	28.3267	56C
06/29/04	SLD		6C	ZIMMER HOLDINGS INC	CO	86.0437	516C
06/28/04	BOT		26	ALTERA CORP	CO	21.9138	569
06/28/04	BOT		6	BLACK AND DECKER CRP	CO	61.4828	368
06/28/04	DIV		20	GROUPE DANONE SPON ADR		.0000	0
06/28/04	DUDB		20C	GROUPE DANONE SPON ADR		.0000	0
06/28/04	SLD		21C	GENERAL ELECTRIC		32.4004	680C
06/28/04	BOT		9	GILLETTE CO	CO	42.4506	382
06/28/04	SLD		2C	STEEL DYNAMICS INC	CO	28.4800	56C
06/28/04	SLD		4C	ZIMMER HOLDINGS INC	CO	86.2397	344C
06/25/04	BOT		19	CROWN HLDGS INC		10.1414	192
06/25/04	DIV		5	NORTHROP GRUMMAN CORP		.0000	0
06/25/04	DUDB		5C	NORTHROP GRUMMAN CORP		.0000	0
06/25/04	SLD		3C	STEEL DYNAMICS INC	CO	28.6373	85C
06/24/04	BOT		13	CROWN HLDGS INC		9.8368	127
06/24/04	DIV		6	PROCTER GAMBLE		.0000	0
06/24/04	DUDB		6C	PROCTER GAMBLE		.0000	0
06/24/04	SLD		5C	STEEL DYNAMICS INC	CO	28.7675	143C
06/23/04	DUDB		20	GROUPE DANONE SPON ADR		.0000	0

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WR PRC FINANCIAL CONSULTANTS COB 04/16/05

SECURITY ACTIVITY FC:1603

ACCT: 5AX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
06/23/04	BOT		10	TELLABS INC DEL PV 1CT	8.1247	81
06/22/04	DUDB		5	NORTHROP GRUMMAN CORP	.0000	0
06/21/04	SLD		20C	FIRST DATA CORPORATION	44.2482	884C
06/21/04	BOT		8	FORTUNE BRANDS INC	74.5656	596
06/21/04	BOT		24	HOME DEPOT INC	35.6575	855
06/21/04	SLD		22C	MAYTAG CORP	23.1579	509C
06/21/04	DUDB		6	PROCTER GAMBLE	.0000	0
06/15/04	SLD		1C	BARD C R INC	57.0958	57C
06/15/04	SLD		5C	CENDANT CORP $0.01	24.1521	120C
06/15/04	BOT		3	FOOT LOCKER INC N.Y. CO	23.8000	71
06/15/04	BOT		6	HUMAN GENOME SCIENCS IN	10.3830	62
06/15/04	BOT		1	NOBLE ENERGY INC	48.1513	48
06/15/04	BOT		5	SYMBOL TECHNOLOGIES DEL	15.0216	75
06/15/04	BOT		7	WEBMD CORP DELAWARE CO	9.1043	63
06/14/04	BOT		8	GENERAL MOTORS CORP	47.4741	379
06/10/04	BOT		11	GENERAL MOTORS CORP	47.9675	527
06/09/04	BOT		10	GENERAL MOTORS CORP	47.3179	473
06/07/04	BOT		2	AMERICAN AXLE&MFG HLDGS	36.5571	73
06/07/04	SLD		7C	ABERCROMBIE & FITCH CO	36.9308	258C
06/07/04	BOT		13	ANALOG DEVICES INC CO	49.2202	639
06/07/04	BOT		12	AVON PROD INC	45.5454	546
06/07/04	BOT		7	BEA SYSTEMS INC CO	8.6474	60
06/07/04	SLD		9C	COMPUTER ASSOC INTL INC	27.4736	247C
06/07/04	SLD		29C	DELL INC	34.9363	1,013C
06/07/04	BOT		7	JOHNSON AND JOHNSON CO	56.3848	394
06/07/04	BOT		9	LINENS N THINGS INC	29.5319	265
06/07/04	BOT		6	SOVEREIGN BANCRP INC CO	21.3758	128
06/07/04	SLD		26C	TERADYNE INC	21.1323	549C
06/04/04	DIV		11	BARD C R INC	.0000	0
06/04/04	DUDB		11C	BARD C R INC	.0000	0
06/03/04	BOT		17	BRITISH AMN TOBACO SPAD	29.6226	503
06/03/04	BOT		4	MAYTAG CORP	26.2478	104
06/02/04	BOT		4	ADOBE SYS DEL PV$ 0.001	45.3108	181
06/02/04	BOT		3	AGILENT TECHNOLOGIES IN	25.4360	76
06/02/04	BOT		4	AUTODESK INC DEL PV$0.0	37.0107	148
06/02/04	SLD		11C	CITRIX SYSTEMS INC CO	20.1028	221C
06/02/04	SLD		13C	DOLLAR GENL CORP	19.3703	251C
06/02/04	BOT		4	JOHNSON AND JOHNSON CO	55.9910	223
06/02/04	BOT		11	MAYTAG CORP	26.1466	287
06/02/04	BOT		1	NOBLE ENERGY INC	46.9706	46
06/02/04	SLD		7C	PMC SIERRA INC	13.4400	94C
06/02/04	BOT		9	TELLABS INC DEL PV 1CT	8.2568	74
06/02/04	BOT		4	VALASSIS COMMUNCN INC	29.3273	117
06/01/04	BOT		11	ADOBE SYS DEL PV$ 0.001	44.6865	491

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WR PRC FINANCIAL CONSULTANTS COB 04/16/05

SECURITY ACTIVITY FC:1603

ACCT: 5AX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
06/01/04	BOT		24	AGILENT TECHNOLOGIES IN	25.6484	615
06/01/04	BOT		13	AUTODESK INC DEL PV$0.0	36.2892	471
06/01/04	DUDB		11	BARD C R INC	.0000	0
06/01/04	SLD		27C	BOSTON SCIENTIFIC CORP	44.6083	1,204C
06/01/04	SLD		14C	CITRIX SYSTEMS INC CO	20.3029	284C
06/01/04	SLD		19C	DELL INC	35.0395	665C
06/01/04	SLD		14C	DOLLAR GENL CORP	19.2680	269C
06/01/04	BOT		14	DOW CHEMICAL PV 2 50	39.3468	550
06/01/04	SLD		4C	EBAY INC CO	87.4463	349C
06/01/04	SLD		8C	FOREST LABS INC	62.8397	502C
06/01/04	SLD		1C	HOSPIRA INC	25.4754	25C
06/01/04	BOT		19	JOHNSON AND JOHNSON CO	55.7066	1,058
06/01/04	BOT		7	MAYTAG CORP	26.2469	183
06/01/04	BOT		14	MICROSOFT CORP	25.9967	363
06/01/04	SLD		19C	PMC SIERRA INC	13.8897	263C
06/01/04	SLD		16C	VERITAS SOFTWRE DE $.00	26.0791	417C
06/01/04	SLD		10C	YAHOO INC	30.9029	309C
05/28/04	SLD		2C	HOSPIRA INC	25.6454	51C
05/26/04	BOT		11	IMPERIAL TOB GRP SPS AD	45.2197	497
05/24/04	BOT		13	GILLETTE CO CO	42.0317	546
05/24/04	SLD		16C	WALGREEN CO	34.1025	545C
05/21/04	BOT		5,368	FNMA P766171 06 50%2034	103.5937	5,201
05/21/04	BOT		5,000	FNMA P779137 06%2034	101.6562	5,102
05/21/04	SLD		4C	MGM MIRAGE INC 1 CT CO	43.7318	174C
05/20/04	BOT		14	BEA SYSTEMS INC CO	8.2777	115
05/20/04	BOT		5	CONVERGYS CORP	14.1543	70
05/20/04	SLD		3C	COCA COLA ENTERPRISES	26.6827	80C
05/20/04	SLD		11C	COMPUWARE CORP	7.2612	79C
05/20/04	BOT		4	DIAMOND OFFSHORE DRLNG	22.2542	89
05/20/04	SLD		3C	MGM MIRAGE INC 1 CT CO	43.5484	130C
05/20/04	SLD		2C	SUNOCO INC PV$1 PA	59.5835	119C
05/20/04	DIV		8	STRYKER CORP	.0000	0
05/20/04	DUDB		8C	STRYKER CORP	.0000	0
05/20/04	BOT		3	SUNGARD DATA SYS INC	26.3440	79
05/20/04	BOT		5	SYMBOL TECHNOLOGIES DEL	13.9320	69
05/19/04	SLD		17C	COMPUWARE CORP	7.3332	124C
05/19/04	DIV		17	NATL SEMICONDUCTOR	.0000	0
05/19/04	DUDB		17C	NATL SEMICONDUCTOR	.0000	0
05/19/04	SLD		16C	SBC COMMUNICTNS INC PV$	24.6000	393C
05/18/04	SLD		3C	ABERCROMBIE & FITCH CO	34.4864	103C
05/18/04	SLD		9C	COMPUWARE CORP	7.2450	65C
05/18/04	SLD		1C	MENTOR CORP MINN	29.7185	29C
05/17/04	SLD		12C	BEST BUY CO INC	49.8130	597C
05/17/04	SLD		3C	MENTOR CORP MINN	29.9294	89C

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NR PRC FINANCIAL CONSULTANTS COB 04/16/05
SECURITY ACTIVITY FC:1603
ACCT: 5AX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
05/17/04	BOT		17	STARBUCKS CORP	37.7110	641
05/17/04	DUDB		8	STRYKER CORP	.0000	0
05/17/04	DIV		21	YAHOO INC	.0000	0
05/17/04	DUDB		21C	YAHOO INC	.0000	0
05/14/04	SLD		3C	MENTOR CORP MINN	30.6749	92C
05/14/04	DUDB		17	NATL SEMICONDUCTOR	.0000	0
05/13/04	BOT	N	1,000	COUNTRYWIDE HOME LOAN	104.5230	1,061
05/13/04	BOT	N	1,000	SBC COMMUNICATIONS INC	101.8000	1,033
05/13/04	BOT	N	1,000	NM AMER GENL FIN CORP B	99.0314	997
05/13/04	BOT	N	1,000	FED NAT'L MORTGAGE ASSO	109.1240	1,096
05/13/04	BOT	N	1,000	FEDERAL HOME LN MTG COR	99.4440	1,011
05/13/04	BOT	N	1,000	U.S. TREASURY NOTE	103.8399	1,061
05/13/04	BOT		8	CONSECO INC	17.9163	143
05/13/04	BOT		9	KING PHARMACEUTICALS IN	13.8451	124
05/13/04	SLD		1C	MENTOR CORP MINN	30.9711	30C
05/12/04	DUDB		21	YAHOO INC	.0000	0
05/11/04	SLD		2,000C	FNMA P555374 05 50%2018	101.5781	1,137C
05/11/04	BOT		6	ABBOTT LABS	40.8055	244
05/11/04	SLD		3C	ALLSTATE CORP DEL CO	44.3516	133C
05/11/04	SLD		4C	APPLIED MICRO CIRCUITS	4.8300	19C
05/11/04	SLD		2C	ALTRIA GROUP INC	53.7200	107C
05/11/04	SLD		1C	AVAYA INC	15.1500	15C
05/11/04	BOT		1	AU OPTRONICS CORP ADR	21.2200	21
05/11/04	SLD		19C	ARCHER DANIELS MIDLD	16.9400	321C
05/11/04	SLD		9C	BANCO B VIZ ARGT SA ADR	12.7320	114C
05/11/04	SLD		2C	BANCO SANT CTL HISP ADR	10.1720	20C
05/11/04	SLD		1C	BJ SERVICES CO	40.5000	40C
05/11/04	BOT		1	BANK OF IRELAND SPNS AD	48.2139	48
05/11/04	SLD		14C	BECKMAN COULTER INC CO	57.1923	800C
05/11/04	SLD		2C	BARCLAYS PLC AD	35.5118	71C
05/11/04	SLD		1C	BARD C R INC	105.5000	105C
05/11/04	SLD		1C	BP PLC SPON AD	52.2633	52C
05/11/04	SLD		1C	BANKNORTH GROUP MAIN	31.2800	31C
05/11/04	SLD		4C	BHP BILLITON LTD AD	15.9252	63C
05/11/04	SLD		17C	BAXTER INTERNTL INC	31.6972	538C
05/11/04	SLD		1C	BECTON DICKINSON CO	49.9274	49C
05/11/04	SLD		1C	BEST BUY CO INC	52.0400	52C
05/11/04	SLD		1C	BLOCK H&R INC	45.3100	45C
05/11/04	SLD		12C	BOEING COMPANY	43.0718	516C
05/11/04	SLD		1C	BOSTON SCIENTIFIC CORP	39.2901	39C
05/11/04	BOT		5	BRISTOL-MYERS SQUIBB CO	25.3000	126
05/11/04	SLD		1C	COMPASS BANCSHARES INC	38.9800	38C
05/11/04	SLD		2C	CINERGY CORP COM	36.0485	72C
05/11/04	BOT		1	CNF INC DEL CO	35.8700	35

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WR PRC FINANCIAL CONSULTANTS COB 04/16/05

SECURITY ACTIVITY FC:1603

ACCT: SAX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
05/11/04	SLD		1C	CONVERGYS CORP	14.6707	14C
05/11/04	BOT		2	CANON INC ADR REP5SH	50.4786	100
05/11/04	SLD		1C	CONSECO INC	17.8000	17C
05/11/04	SLD		1C	CHINA PETE CHEM SPN AD	34.5500	34C
05/11/04	BOT		1	CORRECTIONS CORP OF AME	34.1400	34
05/11/04	SLD		2C	CHEVRONTEXACO CORP	89.8484	179C
05/11/04	SLD		2C	CONOCOPHILLIPS	72.6221	145C
05/11/04	SLD		5C	CISCO SYSTEMS INC CO	22.1200	110C
05/11/04	SLD		1C	COCA COLA ENTERPRISES	26.6086	26C
05/11/04	SLD		6C	COMPUWARE CORP	7.2903	43C
05/11/04	SLD		1C	COMPUTER ASSOC INTL INC	26.3137	26C
05/11/04	SLD		12C	CONAGRA FOODS INC	28.5656	342C
05/11/04	SLD		2C	DIAMOND OFFSHORE DRLNG	21.6600	43C
05/11/04	SLD		1C	DIAGEO PLC SPSD ADR NEW	54.1148	54C
05/11/04	SLD		2C	DELL INC	36.5403	73C
05/11/04	SLD		2C	DELPHI CORPORATION	10.0500	20C
05/11/04	SLD		1C	ENI S P A SPONSORED AD	98.3268	98C
05/11/04	SLD		24C	ENERGY EAST CORP CO	22.0983	530C
05/11/04	SLD		1C	EBAY INC CO	79.7659	79C
05/11/04	BOT		2	EXXON MOBIL CORP CO	42.3500	84
05/11/04	SLD		2C	E.ON AG ADR	64.6227	129C
05/11/04	BOT		4	FPL GROUP INC	61.8582	247
05/11/04	SLD		1C	FIRST DATA CORPORATION	42.8421	42C
05/11/04	SLD		2C	FLUOR CORP NEW DEL CO	37.0449	74C
05/11/04	SLD		1C	FIRST MIDWST BANCORP DE	32.8429	32C
05/11/04	SLD		2C	GROUPE DANONE SPON ADR	32.4636	64C
05/11/04	SLD		2C	GAP INC DELAWARE	22.2029	44C
05/11/04	BOT		1	GENERAL ELECTRIC	30.1500	30
05/11/04	SLD		2C	HARTE-HANKS INC DEL $1	23.2766	46C
05/11/04	SLD		11C	HARTFORD FINL SVCS GROU	63.3295	696C
05/11/04	BOT		1	HEWLETT PACKARD CO DE	20.1500	20
05/11/04	BOT		1	HONDA MOTOR ADR NEW	19.9700	19
05/11/04	SLD		22C	HUNTNGTN BANCSHS INC MD	21.1952	466C
05/11/04	SLD		1C	ITT INDS INC INDIANA	76.8100	76C
05/11/04	SLD		8C	INGERSOLL RAND CO LTD A	62.7000	501C
05/11/04	BOT		2	INTL BUSINESS MACHINES	87.7175	175
05/11/04	SLD		3C	ING GP NV SPSD ADR	20.4514	61C
05/11/04	SLD		1C	JANUS CAPITAL GROUP INC	15.0730	15C
05/11/04	SLD		1C	KELLOGG CO PV 25CT	41.6824	41C
05/11/04	SLD		4C	KIMBERLY CLARK	63.7038	254C
05/11/04	SLD		1C	KUBOTA CORP AD	20.3100	20C
05/11/04	SLD		2C	LUCENT TECHNOLOGIES INC	3.3200	6C
05/11/04	SLD		21C	LIMITED BRANDS INC	19.9000	417C
05/11/04	SLD		1C	MGM MIRAGE INC 1 CT CO	42.7000	42C

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WR PRC FINANCIAL CONSULTANTS COB 04/16/05

SECURITY ACTIVITY FC:1603

ACCT: SAX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
05/11/04	SLD		1C	MEDICIS PHARMS CL A COM	42.8869	42C
05/11/04	SLD		1C	MILLEA HOLDINGS INC ADR	63.5992	63C
05/11/04	SLD		23C	MARSHALL & ILSLEY CORP	37.0819	852C
05/11/04	SLD		2C	MASCO CORP	27.3149	54C
05/11/04	BOT		6	MATTEL INC CO	17.3839	104
05/11/04	SLD		3C	MATSUSHTA EL IND AD	13.2898	39C
05/11/04	SLD		1C	MEDIMMUNE INC	24.2200	24C
05/11/04	BOT		5	MERCK&CO INC	46.1595	230
05/11/04	SLD		2C	MICROSOFT CORP	25.9200	51C
05/11/04	SLD		2C	NEXTEL COMMUNICATIONS	24.3900	48C
05/11/04	SLD		1C	NIPPON TELG&TEL SPDN AD	22.4046	22C
05/11/04	SLD		1C	NETWORK APPLIANCE INC C	20.2359	20C
05/11/04	BOT		1	NTT DOCOMO INC SPD AD	17.1800	17
05/11/04	SLD		3C	NOMURA HLDGS INC AD	14.5784	43C
05/11/04	SLD		3C	NOVELL INC	9.8169	29C
05/11/04	SLD		14C	PARAMETRIC TECHNOLOGY C	4.6800	65C
05/11/04	SLD		16C	J C PENNEY CO COM	32.6400	522C
05/11/04	BOT		2	PFIZER INC DEL PV$0.05	35.5969	71
05/11/04	SLD		2C	READERS DIGEST ASSOC IN	14.4313	28C
05/11/04	BOT		1	ROYAL DUTCH PETE NY SHS	48.5345	48
05/11/04	SLD		1C	RAYTHEON CO DELAWARE NE	32.0000	31C
05/11/04	SLD		1C	RADIOSHACK CORP	29.5600	29C
05/11/04	SLD		1C	ROCHE HLDG LTD SPN AD	102.2500	102C
05/11/04	SLD		4C	SBC COMMUNICTNS INC PV$	24.3249	97C
05/11/04	BOT		1	STEEL DYNAMICS INC CO	22.5245	22
05/11/04	SLD		1C	SUNOCO INC PV$1 PA	59.7852	59C
05/11/04	SLD		2C	SMURFIT-STONE CONTAINER	16.2400	32C
05/11/04	BOT		1	SHARP CORP ADR	16.7500	16
05/11/04	SLD		2C	STAPLES INC	25.0332	50C
05/11/04	SLD		1C	STRYKER CORP	99.9344	99C
05/11/04	SLD		1C	TELLABS INC DEL PV 1CT	8.9900	8C
05/11/04	SLD		1C	TEXAS INSTRUMENTS	26.1600	26C
05/11/04	SLD		1C	TERADYNE INC	21.4712	21C
05/11/04	SLD		2C	TPG N V ADR	20.9171	41C
05/11/04	SLD		3C	TELECOM ITALIA S P A NE	30.2400	90C
05/11/04	SLD		1C	TOMKINS PLC SP ADR	18.2000	18C
05/11/04	SLD		2C	UPM KYMMENE OY SPSD AD	18.1232	36C
05/11/04	SLD		1C	UBS AG NEW	68.9812	68C
05/11/04	BOT		5	UNION PACIFIC CORP	57.0300	285
05/11/04	SLD		1C	VERITAS SOFTWRE DE $.00	26.8200	26C
05/11/04	SLD		18C	VIGNETTE CORP	1.4800	26C
05/11/04	SLD		4C	VODAFONE GRP PLC SPN AD	24.1249	96C
05/11/04	SLD		2C	VALASSIS COMMUNCN INC	29.8955	59C
05/11/04	BOT		6	WASHINGTON MUTUAL INC	38.6814	232

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NR PRC FINANCIAL CONSULTANTS COB 04/16/05

SECURITY ACTIVITY FC:1603

ACCT: SAX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
05/11/04	SLD		1C	WAL-MART STORES INC	54.8100	54C
05/11/04	BOT		2	WEYERHAEUSER CO	56.7078	113
05/11/04	SLD		26C	XEROX CORP	13.0200	338C
05/11/04	SLD		1C	YAHOO INC	53.5782	53C
05/11/04	SLD		1C	WEBMD CORP DELAWARE CO	8.6693	8C
05/11/04	SLD		2C	WACHOVIA CORP NEW	45.0508	90C
05/11/04	BOT		9	WYETH	37.7915	340
05/10/04	SLD		33C	BRISTOL-MYERS SQUIBB CO	25.2692	833C
05/10/04	BOT		18	FANNIE MAE (USA) COM NP	68.2839	1,229
05/10/04	BOT		13	FOOT LOCKER INC N.Y. CO	21.9671	285
05/10/04	SLD		12C	GUIDANT CORP	59.9914	719C
05/10/04	BOT		13	MICROSOFT CORP	25.8198	335
05/10/04	SLD		2C	RIO TINTO PLC SPNSRD AD	87.6071	175C
05/10/04	BOT		3	SUNGARD DATA SYS INC	25.6341	76
05/07/04	SLD		1C	RIO TINTO PLC SPNSRD AD	90.1926	90C
05/07/04	SLD		6C	SHARP CORP ADR	17.6500	105C
05/06/04	DIV		3	HOSPIRA INC	.0000	0
05/06/04	DUDB		3C	HOSPIRA INC	.0000	0
05/06/04	SLD		3C	RIO TINTO PLC SPNSRD AD	91.7662	275C
05/05/04	SLD		7C	SPRINT CORP CO	17.8352	124C
05/05/04	BOT		3	TERADYNE INC	20.8616	62
05/05/04	BOT		6	WATERS CORP	43.5533	261
05/04/04	SLD		14C	ADOBE SYS DEL PV$ 0.001	45.3706	635C
05/04/04	SLD		6C	AUTOZONE INC NEVADA CO	86.1402	516C
05/04/04	SLD		5C	CNP INC DEL CO	36.7499	183C
05/04/04	SLD		4C	CORRECTIONS CORP OF AME	36.3192	145C
05/04/04	BOT		11	DU PONT E I DE NEMOURS	43.4122	477
05/04/04	SLD		22C	INTEL CORP	26.1220	574C
05/04/04	BOT		7	LEXMARK INTL INC CL A	91.7806	642
05/04/04	BOT		3	SABRE HOLDINGS CORP CL	24.0563	72
05/04/04	SLD		5C	SPRINT CORP CO	17.4276	87C
05/04/04	BOT		7	SYMBOL TECHNOLOGIES DEL	12.5588	87
05/04/04	BOT		24	TERADYNE INC	20.6902	496
05/04/04	BOT		7	WATERS CORP	43.3948	303
05/03/04	SLD		5C	CHARLES RIVER LABS INTL	46.0725	230C
05/03/04	DUDB		3	HOSPIRA INC	.0000	0
05/03/04	SLD		11C	MCKESSON CORPORATION CO	33.6481	370C
05/03/04	SLD		6C	SPRINT CORP CO	17.4783	104C
04/30/04	BOT		4	ORIX CORPORATION SP AD	53.4758	213
04/30/04	SLD		6C	SPRINT CORP CO	18.0623	108C
04/29/04	SLD		6C	CIA VALE DO RIO DOCE A	45.8527	275C
04/29/04	SLD		5C	SMITHFILDS FOODS PV$0.5	27.6309	138C
04/29/04	SLD		5C	SPRINT CORP CO	17.9668	89C
04/28/04	SLD		49C	AEGON N.V. NY REG SHS	13.2231	647C

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13:41 04/18/05 PG 25

WR PRC FINANCIAL CONSULTANTS COB 04/16/05

SECURITY ACTIVITY FC:1603

ACCT: 5AX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
04/28/04	SLD		2C	CHARLES RIVER LABS INTL	46.3409	92C
04/28/04	SLD		4C	CIA VALE DO RIO DOCE A	47.3815	189C
04/28/04	BOT		9	CONAGRA FOODS INC	29.0505	261
04/28/04	BOT		8	GRAFTECH INTL LTD	10.0431	80
04/28/04	SLD		3C	MCKESSON CORPORATION CO	30.4075	91C
04/28/04	BOT		5	ORIX CORPORATION SP AD	56.0276	280
04/28/04	SLD		8C	SMITHFILDS FOODS PV$0.5	27.7696	222C
04/28/04	SLD		6C	SPRINT CORP CO	18.2182	109C
04/27/04	SLD		3C	CIA VALE DO RIO DOCE A	48.7468	146C
04/27/04	BOT		10	KELLOGG CO PV 25CT	43.1207	431
04/27/04	SLD		5C	SPRINT CORP CO	18.5831	92C
04/26/04	BOT		12	DU PONT E I DE NEMOURS	44.7753	537
04/26/04	SLD		38C	INTEL CORP	27.1776	1,032C
04/26/04	BOT		8	KELLOGG CO PV 25CT	42.9773	343
04/26/04	BOT		8	NESTLE S A REP RG SH AD	64.2727	514
04/26/04	SLD		5C	SPRINT CORP CO	18.7786	93C
04/23/04	SLD		16C	GLAXOSMITHKLINE PLC AD	41.9069	670C
04/23/04	XCH		90C	SPRINT CORP PCS COM SR	.0000	0
04/23/04	XCH		45	SPRINT CORP CO	.0000	0
04/23/04	BOT		5	TALBOTS INC	35.8437	179
04/22/04	SLD		6C	CENDANT CORP $0.01	24.9641	149C
04/22/04	SLD		2C	MENTOR CORP MINN	32.4864	64C
04/22/04	SLD		8C	J C PENNEY CO COM	35.7862	286C
04/22/04	BOT		3	TALBOTS INC	35.7444	107
04/21/04	BOT		1	COMMSCOPE INC	18.0268	18
04/20/04	BOT		1	COMMSCOPE INC	17.7969	17
04/19/04	BOT		1	COMMSCOPE INC	17.8965	17
04/19/04	BOT		1	HUMAN GENOME SCIENCS IN	13.3200	13
04/16/04	SLD		3C	ACE LTD	43.2029	129C
04/16/04	SLD		5C	BIOGEN IDEC INC	59.6056	298C
04/16/04	SLD		2C	BECTON DICKINSON CO	49.1571	98C
04/16/04	BOT		2	COMMSCOPE INC	17.6361	35
04/16/04	BOT		20	HUMAN GENOME SCIENCS IN	13.2878	265
04/16/04	BOT		10	TELLABS INC DEL PV 1CT	9.1112	91
04/13/04	SLD		2C	FREEPRT-MCMRAN CPR&GLD	36.6421	73C
04/13/04	BOT		4	TJX COS INC NEW	25.2848	101
04/12/04	SLD		14C	FREEPRT-MCMRAN CPR&GLD	37.9254	530C
04/12/04	BOT		20	TJX COS INC NEW	25.1763	503
04/05/04	SLD		8C	AU OPTRONICS CORP ADR	21.3459	170C
04/05/04	BOT		7	NEWS CORP LTD NEW AD	36.8043	257
04/02/04	SLD		5C	AU OPTRONICS CORP ADR	20.6343	103C
04/01/04	SLD		11C	AU OPTRONICS CORP ADR	21.7934	239C
04/01/04	BOT		7	NEWS CORP LTD NEW AD	36.5312	255
03/30/04	BOT		6	ALLIED WASTE INDS NEW	12.9997	78

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<MORE>

13:41 04/18/05 PG 26
WR PRC FINANCIAL CONSULTANTS COB 04/16/05
SECURITY ACTIVITY FC:1603
ACCT: 5AX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
03/30/04	BOT		2	CSX CORP	29.7481	59
03/30/04	BOT		16	COMMSCOPE INC	16.7641	268
03/29/04	SLD		4C	APOLLO GROUP INC CL A	85.3176	341C
03/29/04	BOT		11	BRISTOL-MYERS SQUIBB CO	24.2397	266
03/29/04	SLD		6C	OUTBACK STEAKHOUSE INC	49.2289	295C
03/24/04	SLD		6C	KNIGHT TRADING GROUP IN	11.2912	67C
03/24/04	SLD		2C	KNIGHT RIDDER INC	73.0359	146C
03/24/04	SLD		2C	J C PENNEY CO COM	33.4000	66C
03/24/04	BOT		9	TELLABS INC DEL PV 1CT	8.2455	74
03/24/04	SLD		3C	TECH DATA CORP	38.9000	116C
03/11/04	BOT		5	CONSECO INC	22.8649	114
03/11/04	BOT		6	SABRE HOLDINGS CORP CL	21.7582	130
03/11/04	SLD		11C	TIBCO SOFTWARE INC	7.4358	81C
03/10/04	SLD		2C	BECTON DICKINSON CO	49.2003	98C
03/10/04	BOT		15	CONSECO INC	22.6970	340
03/10/04	SLD		2C	MARTIN MARIETTA MATLS	46.9760	93C
03/10/04	SLD		6C	PROTECTIVE LIFE CORP CO	37.9664	227C
03/10/04	BOT		7	SABRE HOLDINGS CORP CL	21.8603	153
03/10/04	SLD		25C	TIBCO SOFTWARE INC	7.3704	184C
03/08/04	SLD		14C	EDISON INTL CALIF	23.4553	328C
03/08/04	SLD		16C	ELECTRONIC ARTS INC DE	47.0621	752C
03/08/04	BOT		16	QUALCOMM INC	64.2120	1,027
03/03/04	SLD		4C	AMER EAGLE OUTFITTERS	23.9091	95C
03/03/04	BOT		10	ABERCROMBIE & FITCH CO	31.7288	317
03/03/04	BOT		19	BEA SYSTEMS INC CO	13.9196	264
03/03/04	SLD		11C	BASF AG SPONSORED AD	52.5172	577C
03/03/04	SLD		4C	BECTON DICKINSON CO	49.1680	196C
03/03/04	SLD		12C	DARDEN RESTAURANTS INC	24.8183	297C
03/03/04	SLD		10C	DEL MONTE FOODS CO	10.9330	109C
03/03/04	SLD		5C	FEDRTD DPT STORS DEL NE	52.8920	264C
03/03/04	BOT		7	UNILEVER NV NY REG SHS	70.9773	496
03/02/04	SLD		13C	AMER EAGLE OUTFITTERS	24.5597	319C
03/02/04	BOT		6	WEBMD CORP DELAWARE CO	8.7171	52
02/27/04	DIV		3	EATON CORP	.0000	0
02/27/04	DUDB		3C	EATON CORP	.0000	0
02/26/04	BOT		1	ANIXTER INTL INC	29.9682	29
02/25/04	BOT		1	ANIXTER INTL INC	29.8125	29
02/25/04	BOT		9	ALLIED WASTE INDS NEW	12.7402	114
02/25/04	SLD		2C	BIOGEN IDEC INC	54.8300	109C
02/25/04	BOT		4	CSX CORP	31.0726	124
02/25/04	SLD		3C	DARDEN RESTAURANTS INC	22.0700	66C
02/25/04	BOT		21	DELPHI CORPORATION	10.2979	216
02/25/04	SLD		1C	FEDRTD DPT STORS DEL NE	52.0016	51C
02/25/04	SLD		7C	KING PHARMACEUTICALS IN	19.1952	134C

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13:41 04/18/05 PG 27
NR PRC FINANCIAL CONSULTANTS COB 04/16/05
SECURITY ACTIVITY FC:1603
ACCT: 5AX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION		PRICE	NET AMOUNT
02/25/04	SLD		2C	MARTIN MARIETTA MATLS		45.7906	91C
02/25/04	SLD		4C	TECH DATA CORP		40.2015	160C
02/24/04	BOT		27	DELPHI CORPORATION		10.1828	274
02/24/04	DUDB		3	EATON CORP		.0000	0
02/24/04	SLD		6C	PITNEY BOWES INC		41.2499	247C
02/23/04	BOT		12	DELPHI CORPORATION		10.2675	123
02/23/04	SLD		12C	PITNEY BOWES INC		41.2641	495C
02/23/04	SLD		13C	QLOGIC CORP		40.7792	530C
02/23/04	BOT		10	SCHLUMBERGER LTD		63.1035	631
02/19/04	SLD		3,000C	WAL-MART STORES		107.5980	3,237C
02/19/04	BOT		5,000	FNMA P725280 06 50%2034		105.4062	5,290
02/18/04	SLD		3,000C	WAL-MART STORES		107.7070	3,241C
02/18/04	CXLS		3,000	WAL-MART STORES		107.7070	3,241
02/18/04	BOT		5,000	FNMA 06502V 06 50%		.0000	0
02/18/04	CXLB		5,000C	FNMA 06502V 06 50%		.0000	0
02/17/04	BOT		7	MICROSOFT CORP		26.9771	188
02/17/04	SLD		9C	SYMANTEC CORP	CO	40.8349	367C
02/11/04	BOT		33	BRISTOL-MYERS SQUIBB	CO	29.8928	986
02/10/04	BOT		26	BRISTOL-MYERS SQUIBB	CO	29.3903	764
02/09/04	BOT		159	LUCENT TECHNOLOGIES INC		4.4568	708
02/09/04	SLD		19C	LOWE'S COMPANIES INC		55.4225	1,052C
02/09/04	BOT		6	PFIZER INC DEL PV$0.05		38.5219	231
02/06/04	SLD		3C	DAIWA HOUSE IND LTD	AD	93.8633	281C
02/06/04	SLD		27C	MITSUBISHI CP SPNSRD	AD	18.9762	512C
02/06/04	BOT		3	MITSUI CO ADR		150.9453	452
02/06/04	BOT		2	NATL AUSTRALIA B	AD	116.4954	232
02/05/04	SLD		3C	DAIWA HOUSE IND LTD	AD	93.9682	281C
02/05/04	BOT		2	NATL AUSTRALIA B	AD	117.2556	234
02/04/04	BOT		8	INGRAM MICRO INC CL A		16.5270	132
02/04/04	BOT		3	NTT DOCOMO INC	SPD AD	21.5501	64
02/04/04	BOT		3	STEEL DYNAMICS INC	CO	21.4196	64
02/03/04	SLD		15C	EARTHLINK INC	COM	9.6967	145C
02/03/04	BOT		7	INGRAM MICRO INC CL A		16.7943	117
02/03/04	BOT		30	MATTEL INC	CO	19.6139	588
02/03/04	BOT		4	STEEL DYNAMICS INC	CO	22.0142	88
02/03/04	BOT		8	VERIZON COMMUNICATNS	CO	37.2388	297
02/03/04	SLD		4C	VERTEX PHARMCTLS INC		9.6899	38C
02/02/04	SLD		3C	ACE LTD		43.4575	130C
02/02/04	SLD		5C	CDW CORP		68.1023	340C
02/02/04	SLD		12C	EARTHLINK INC	COM	9.6955	116C
02/02/04	BOT		4	INGRAM MICRO INC CL A		16.6834	66
02/02/04	SLD		5C	KNIGHT TRADING GROUP	IN	13.3491	66C
02/02/04	BOT		4	STEEL DYNAMICS INC	CO	22.2386	88
02/02/04	SLD		4C	SOVEREIGN BANCRP INC	CO	22.6055	90C

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WR PRC FINANCIAL CONSULTANTS COB 04/16/05

SECURITY ACTIVITY FC:1603

ACCT: SAX-12244 MAUREEN & MICHAEL FERGUSON

DATE	TYPE	SOL	QTY	DESCRIPTION	PRICE	NET AMOUNT
02/02/04	BOT		26	TELLABS INC DEL PV 1CT	9.8237	255
02/02/04	SLD		14C	TIBCO SOFTWARE INC	7.5835	106C
02/02/04	SLD		6C	VERTEX PHARMCTLS INC	9.8350	59C
01/29/04	DIV		4	MEDICIS PHARMS CL A COM	.0000	0
01/29/04	DUDB		4C	MEDICIS PHARMS CL A COM	.0000	0
01/28/04	BOT		8	ASTRAZENECA PLC SPND AD	50.0333	400
01/28/04	SLD		8C	BRITISH AWYS PLC ADR	55.1171	440C
01/26/04	BOT		8	FOREST LABS INC	76.2027	609
01/26/04	SLD		12C	GENZYME CORP GEN'L DIV	54.7480	656C
01/26/04	SLD		13C	MERCURY INTERACTIVE COR	48.7608	633C
01/26/04	DUDB		4	MEDICIS PHARMS CL A COM	.0000	0
01/26/04	BOT		17	NATL SEMICONDUCTOR	37.9453	645
01/21/04	BOT		2	MENTOR CORP MINN	25.1439	50
01/20/04	BOT		5	ANIXTER INTL INC	29.2853	146
01/20/04	SLD		10C	AVON PROD INC	64.0023	639C
01/20/04	SLD		9C	BROADCOM CORP CALIF CL	41.9717	377C
01/20/04	BOT		3	CHARLES RIVER LABS INTL	37.2325	111
01/20/04	BOT		4	MENTOR CORP MINN	25.1261	100
01/20/04	BOT		9	PFIZER INC DEL PV$0.05	34.9878	314
01/20/04	SLD		11C	SHIRE PHARMECEU GP ADR	28.7495	316C
01/20/04	BOT		1	TAKE TWO INTER SOFTWARE	32.6800	32
01/20/04	BOT		16	WALGREEN CO	34.3681	549
01/16/04	BOT		6	ANIXTER INTL INC	29.0731	174
01/16/04	BOT		4	CHARLES RIVER LABS INTL	36.9781	147
01/16/04	SLD		5C	DARDEN RESTAURANTS INC	20.3410	101C
01/16/04	SLD		2C	FEDRTD DPT STORS DEL NE	48.5155	97C
01/16/04	BOT		23	GRAFTECH INTL LTD	13.6692	314
01/16/04	SLD		13C	MILLENNIUM PHARMS INC	17.2176	223C
01/16/04	BOT		4	MENTOR CORP MINN	25.1205	100
01/16/04	SLD		13C	PEOPLESOFT INC	22.8087	296C
01/16/04	BOT		14	SYMBOL TECHNOLOGIES DEL	19.1977	268
01/16/04	BOT		7	TAKE TWO INTER SOFTWARE	32.6995	228
01/14/04	BOT		4	ROYAL DUTCH PETE NY SHS	47.9760	191
01/12/04	SLD		32C	ADECCO SA SPNSRD ADR	10.5022	336C
01/12/04	BOT		17	HONDA MOTOR ADR NEW	22.6133	384
01/08/04	SLD		14C	FLEETBOSTON FINL CORP	42.6842	597C
01/08/04	SLD		12C	ITO YOKADO LTD ADR 2003	32.9227	395C
01/07/04	SLD		21C	FLEETBOSTON FINL CORP	42.8401	899C
01/07/04	SLD		22C	FLEETBOSTON FINL CORP	42.7108	939C
01/06/04	BOT		7	BIOMET INC CO	36.0090	252
01/05/04	BOT		11	BIOMET INC CO	35.9891	395
01/05/04	BOT		10	PFIZER INC DEL PV$0.05	36.1192	361
01/05/04	SLD		18C	UNITEDHEALTH GROUP INC	56.0229	1,008C
12/29/03	BOT		3	DARDEN RESTAURANTS INC	20.5452	61

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A	N/A					N/A					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
N/A	N/A	N/A

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	ROBERTA AND THOMAS FERGUSON FAMILY FOUNDATION

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	N/A

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

BOB FILNER
51ST DISTRICT, CALIFORNIA

2428 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
TEL: (202) 225-8045
FAX: (202) 225-9073

333 F STREET, SUITE A
CHULA VISTA, CALIFORNIA 91910
TEL: (619) 422-5963
FAX: (619) 422-7290

1101 AIRPORT ROAD, SUITE D
IMPERIAL, CALIFORNIA 92251
TEL: (760) 355-8800
FAX: (760) 355-8802

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES

TRANSPORTATION AND INFRASTRUCTURE COMMITTEE
SUBCOMMITTEES
COAST GUARD AND MARITIME TRANSPORTATION
RANKING MEMBER
RAILROADS
AVIATION

VETERANS' AFFAIRS COMMITTEE
SUBCOMMITTEE
VETERANS' HEALTH

website: www.house.gov/filner

May 16, 2005

HAND DELIVERED

2005 MAY 16 PM 2:53

MC

To Whom It May Concern:

I will provide the individual asset listings for the IRA's recorded on Schedule III of my 2004 Financial Disclosure Statement later this week.

Sincerely,

Bob Filner

BOB FILNER
Member of Congress

BF/tb
2209646

"CALIFORNIA'S BORDER CONGRESSMAN"
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 2:53

(Office Use Only)

BOB FILNER
(Full Name)

2428 RAYBURN HOUSE OFFICE BLDG.
(Mailing Address)

WASHINGTON, DC 20515

Daytime Telephone 225-7933

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 51	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Bob Filner	5/15/05

1248

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	N/A
	SELF-EMPLOYED CONSULTANT	SPOUSE SALARY	NA
	PUBLIC EMPLOYEES RETIREMENT SYSTEM	PENSION	$11,948

For payments to charity in lieu of honoraria, use Schedule II.

Name BOB FILNER

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP, DC, JT	SP Mega Corp. Stock	E $50,001 – $100,000	DIVIDENDS	V $2,501 – $5,000	P
	Simon & Schuster	C $15,001 – $50,000 (indefinite)	Other Type of Income (Specify: For Example, Partnership Income or Farm Income): Royalties	IX $100,001 – $1,000,000	
	1st Bank of Paducah KY accounts	F $100,001 – $250,000	INTEREST	VI $5,001 – $15,000	
	GUARDIAN MUTUAL FUND (NEUBERGER & BERMAN)	C $15,001 – $50,000	DIVIDENDS	II $1 – $200	

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

Page 4 of 7

SP. DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
	NAT'L HEALTH INSUR. CO.				X											X							X									
	OCTUS, INC.		X											X							X											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

SP DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	BANK of AMERICA (checking)			X												X						X									
	CONGRESSIONAL FCU			X												X						X									
	S.D. COUNTY CTBS BOND-2006	X														X							X								S
	CALIF. HEALTH FCS BOND	X														X							X								S
	NAT'L HEALTH INSUR CO #2						X									X								X							
	FRESNO SCHOOL DIST. BOND				X											X								X							
	IRA - MESIROW FINANCIAL					X								X			X							X							
	RESERVE MONEY FUND (checking)			X										X							X										
	G.E. LIFE COMMONWEALTH ANN						X							X							X										
	ROBLA CA. SCHOOL DIST. BOND				X											X								X							
	FRESNO CA. SWM BOND				X											X								X							
	LONG BEACH CA BOND				X											X							X								
	CALIF. HFFA BOND				X											X								X							
	ABBOTT LABS STOCK			X										X								X									
	CHASE MANHATTAN STOCK			X										X									X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER | Page 6 of 7

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P S E
	KULICKE & SOFFA STOCK			X										X							X											
	LSI LOGIC CORP STOCK	X												X							X											S
	MIPS TECH. INC. STOCK		X											X							X											
	NOVELL INC. STOCK			X										X							X											
	FRANKLIN FLEX CAP GROWTH (MF)				X									X									X									
	FRANKLIN FED. TAX FREE (MF)				X									X									X									
	IRA – AIG			X										X		X						X										P
	EATON VANCE INVT TR (MF)				X									X									X									P
	FRANKLIN TAX FREE TR (MF)				X									X									X									P
	HOSPIRA INC		X											X							X											P

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Name BOB FILNER

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	LSI LOGIC CORP. STOCK		X		12-29-04	X									
	S.D. COUNTY CTBS BOND-2006		X		4-1-04		X								
	CALIF. HEALTH FCS BOND		X		7-1-04		X								
	IRA - AIG	X			4-10-04	X									
	EATON VANCE INVT. TR.	X			7-23-04		X								
	FRANKLIN TAX FREE TR	X			7-23-04		X								
	[redacted]	[redacted]			[redacted]										

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BOB FILNER
51ST DISTRICT, CALIFORNIA

2428 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
TEL. (202) 225-8045
FAX: (202) 225-9073

733 F STREET, SUITE A
CHULA VISTA, CALIFORNIA 91910
TEL. (619) 422-5963
FAX. (619) 422-7290

1101 AIRPORT ROAD, SUITE D
IMPERIAL, CALIFORNIA 92251
TEL: (760) 355-8800
FAX: (760) 355-8802

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES

HAND DELIVERED

TRANSPORTATION AND INFRASTRUCTURE COMMITTEE
SUBCOMMITTEES
COAST GUARD AND MARITIME TRANSPORTATION
RANKING MEMBER
RAILROADS
AVIATION

VETERANS' AFFAIRS COMMITTEE
SUBCOMMITTEES
VETERANS' HEALTH

website: www.house.gov/filner

May 19, 2005

LEGISLATIVE RESOURCE CENTER
2005 MAY 20 AM 9:15
U.S. HOUSE OF REPRESENTATIVES

MC

To Whom It May Concern:

Enclosed are replacement pages 6-7 (original and two copies)for my 2004 Financial Disclosure Statement previously submitted on May 16, 2005.

These amended pages provide individual asset listings for the IRA's previously listed on Schedule III.

Sincerely,

Bob Filner

BOB FILNER
Member of Congress

BF/tb
2209646

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

2005 MAY 20 AM 9:47
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset (A None, B $1 - $1,000, C $1,001 - $15,000, D $15,001 - $50,000, E $50,001 - $100,000, F $100,001 - $250,000, G $250,001 - $500,000, H $500,001 - $1,000,000, I $1,000,001 - $5,000,000, J $5,000,001 - $25,000,000, K $25,000,001 - $50,000,000, L Over $50,000,000)	BLOCK C Type of Income (DIVIDENDS, RENT, INTEREST, CAPITAL GAINS, EXCEPTED TRUST, QUALIFIED BLIND TRUST, Other Type of Income (Specify))	BLOCK D Amount of Income (I None, II $1 - $200, III $201 - $1,000, IV $1,001 - $2,500, V $2,501 - $5,000, VI $5,001 - $15,000, VII $15,001 - $50,000, VIII $50,001 - $100,000, IX $100,001 - $1,000,000, X $1,000,001 - $5,000,000, XI Over $5,000,000)	BLOCK E Transaction (P, S, E)
	KULICKE & SOFFA STOCK	C	DIVIDENDS	I	
	LSI LOGIC CORP. STOCK	A	DIVIDENDS	I	S
	MIPS TECH. INC. STOCK	B	DIVIDENDS	I	
	NOVELL INC. STOCK	C	DIVIDENDS	I	
	FRANKLIN FLEX. CAP GROWTH (MF)	D	DIVIDENDS	III	
	FRANKLIN FED. TAX FREE (MF)	D	DIVIDENDS	III	
	EATON VANCE INVT TR (MF)	D	DIVIDENDS	III	P
	FRANKLIN TAX FREE TR (MF)	D	DIVIDENDS	III	P
	HOSPIRA, INC.	B	DIVIDENDS	I	P
IRA (Roth)	NATIONS FD TR	D		I	
IRA (Roth)	PIMCO FDS PAC INVT.	D	DIVIDENDS; CAPITAL GAINS	IV	
IRA (Roth)	ALLIANCE BERNSTEIN MONEY FD	B	DIVIDENDS	II	
IRA (Roth)	SUN AMERICA CASH TRUST ACCT	C	CAPITAL GAINS	II	P

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Name BOB FILNER | Page 7 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP DC JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO DAY YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-04		X								
	LSI LOGIC CORP. STOCK		X		12-24-04	X									
	S.D. COUNTY CTBS BOND-2006		X		4-1-04		X								
	CALIF. HEALTH FCS BOND		X		7-1-04		X								
	SUN AMERICA CASH TRUST (IRA ACCT)	X			4-10-04	X									
	EATON VANCE INVT. TR.	X			7-23-04		X								
	FRANKLIN TAX FREE TR.	X			7-23-04		X								

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 4:50

Michael G. Fitzpatrick
(Full Name)

81 Silver Spruce Rd
Levittown PA 19056
(Mailing Address)

202 225 4276
Daytime Telephone

ME
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 08	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Michael Fitzpatrick	May 12, 2005

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	County of Bucks	Salary	75,066.70
	Saul Ewing, LLP	Salary	85,000.04

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
	XYZ Magazine	Article	Aug. 13, 2004	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
SP.	SP Mega Corp. Stock	X	DIVIDENDS X		P
DC.	Examples: Simon & Schuster	Indefinite			
JT	1st Bank of Paducah, KY accounts	X	INTEREST X		
			Royalties		
JT.	Knights of Columbus Federal Credit Union	X			
JT	Gartmore Morley Stable Value FUND	X			
JT	Berks County Retirement System	X			

	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000
SP.					X							
DC.												
JT						X						
JT.			X									
JT				X								
JT					X							

	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)
SP.	X						
DC.							
JT			X				Royalties
JT.							
JT							
JT							

	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000
SP.				X							
DC.											
JT						X			X		
JT.											
JT											
JT											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael G. Fitzpatrick

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP DC JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO.DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-04		X								

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Name Michael G. Fitzpatrick | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors (unpaid)	Conwell-Egan Catholic High School
Board of Directors (unpaid)	Lower Bucks Hospital
Board of Directors (unpaid)	Self Help, Inc.
Board of Directors (unpaid)	Bucks County Council Boy Scouts
Board of Directors (unpaid)	Evangelical Services for the Aging

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2005 99-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 6:18

(Office Use Only) MC

JEFFREY L. FLAKE
(Full Name)

4222 E. McLELLAN #19, MESA, AZ 85205
(Mailing Address) (Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives — State: AZ District 06	[ ] Officer or Employee — Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	(X) Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e. aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	5-16-05

Name	Page
FLAKE, JEFFRY	2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	JEFF FLAKE FOR CONGRESS	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name FLAKE, JEFFRY | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 - $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E Transaction
SP	Mega Corp. Stock					X								X										X									P
DC	Simon & Schuster			Indefinite																Royalties									X				
JT	1st Bank of Paducah, KY accounts						X									X										X							
	•APOLLO GROUP			X																N/A	X												
	•RESEARCH IN MOTION				X															N/A	X												(partial) 5-12-28
	•EQUITABLE MUTUAL FUND																			RETIREMENT													
	- ALLIANCE COMMON STOCK				X																X												
	- AXA PREMIER VIP			X																	X												
	•INTEL		X																	N/A	X												

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
JT	RESEARCH IN MOTION		X		12-28-04		X								

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	THE HERITAGE FOUNDATION SPEAK AT LUNCHEON	4/29/04 - 4/30/04	WASH. DC - CHICAGO - PHX	Y	Y	N	N
	CLUB FOR GROWTH CONFERENCE EVENT	2/20/04 - 2/21/04	PHX - PALM BEACH - PHX	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Mark A. Foley
(Full Name)

104 Cannon Washington, DC 20515
(Mailing Address)

202-225-5792
Daytime Telephone:

(Office Use Only)

Filer Status: ☑ Member of the U.S. House of Representatives — State: FL — District: 16 — ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Mark Foley	5/11/05

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Mark A Foley

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Agere	$1 - $1,000	CAPITAL GAINS	NONE	
AllState	NONE	DIVIDENDS	$1,001 - $2,500	S
America Online (became Time Warner, noted here for historical puposes)	None	CAPITAL GAINS	NONE	E
America Online became Time Warner, noted here for historical purposes)	None	CAPITAL GAINS	NONE	E
AT&T	$1 - $1,000	DIVIDENDS	$1 - $200	
AT&T Wireless	None	CAPITAL GAINS	NONE	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Mark A. Foley

	Avaya	$1 - $1,000	CAPITAL GAINS	NONE	
	Banyan Hotel	$1 - $1,000	CAPITAL GAINS	NONE	
	BE Aerospace	$1,001 - $15,000	CAPITAL GAINS	NONE	
	BE Aerospace	None	CAPITAL GAINS	NONE	S
JT	Cedant (1)	$1,001 - $15,000	CAPITAL GAINS	NONE	
	Cicso Systems Inc	$1,001 - $15,000	CAPITAL GAINS	NONE	
JT	Cisco (1)	$1,001 - $15,000	CAPITAL GAINS	NONE	
	Coca Cola	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Columbia Labs	$1,001 - $15,000	CAPITAL GAINS	NONE	
	ComCast Corp	$1,001 - $15,000	CAPITAL GAINS	NONE	P
	Corning	$1,001 - $15,000	CAPITAL GAINS	NONE	
	CVS Corp	$1,001 - $15,000	DIVIDENDS	NONE	
	Dodge & Cox Balanced Fund	$1,001 - $15,000	CAPITAL GAINS	NONE	
	E M C Corp	$1,001 - $15,000	CAPITAL GAINS	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Mark A. Foley

	ENERI	$1 - $1,000	DIVIDENDS	NONE	
	ENERI	$1 - $1,000	DIVIDENDS	NONE	
	Family Dollar Stores	$1,001 - $15,000	CAPITAL GAINS	NONE	P
	Fidelity Advisors BioTech Fund	$1,001 - $15,000	CAPITAL GAINS	NONE	
	Fidelity Advisors Service VII	$1,001 - $15,000	CAPITAL GAINS	NONE	
	First Union Checking	$1,001 - $15,000	INTEREST	$1 - $200	
	Florida Power & Light	None	DIVIDENDS	$1 - $200	S
JT	Ford Motor (1)	$1,001 - $15,000	CAPITAL GAINS	NONE	
	Ford Motor Co Del	$1,001 - $15,000	CAPITAL GAINS	NONE	
	General Electric	$1,001 - $15,000	DIVIDENDS	NONE	
	Gillette	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Hartmarx Corp	$1,001 - $15,000	CAPITAL GAINS	NONE	P
	Hartmarx Corp	$1,001 - $15,000	CAPITAL GAINS	NONE	P
	Health Care Reit	$15,001 - $50,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Mark A. Foley

	Health Trac Inc (Purchased Add.)	$1,001 - $15,000	CAPITAL GAINS	NONE	P
	HealthTrack Inc (Purchased Add.)	$1,001 - $15,000	CAPITAL GAINS	NONE	P
JT	HealthTrack Inc (1) (Purchased Add.)	$1,001 - $15,000	CAPITAL GAINS	NONE	P
	Hewlett Packard	$1,001 - $15,000	CAPITAL GAINS	NONE	
	Home Depot	$1,001 - $15,000	DIVIDENDS	NONE	
JT	HoneyWell Inc (1)	$1,001 - $15,000	CAPITAL GAINS	NONE	
	Ice Web Inc	$1 - $1,000	DIVIDENDS	NONE	
	Internet Capital	$1 - $1,000	CAPITAL GAINS	NONE	
	Internet Capital	None	CAPITAL GAINS	NONE	S
	Jabil Circuit Inc	None	CAPITAL GAINS	NONE	S
JT	Johnson & Johnson (1)	None	DIVIDENDS	$201 - $1,000	S
JT	JP Morgan (1)	None	DIVIDENDS	$1,001 - $2,500	S
JT	JP Morgan Chase & Co (1)	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	P
	Kemet Corp	$1 - $1,000	CAPITAL GAINS	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Mark A. Foley

	Krispy Kreme Doughnuts Inc	$1,001 - $15,000	CAPITAL GAINS	NONE	P
JT	Kroger (1) (name spelling correction from 02)	None	CAPITAL GAINS	NONE	S
	Kroger Co	$1,001 - $15,000	CAPITAL GAINS	NONE	
	Liberty Media Corp	$1,001 - $15,000	DIVIDENDS	NONE	P
	Liberty Media Intl (Dividend Spinoff from Liberty Media)	$1 - $1,000	CAPITAL GAINS	NONE	Other
	Life Insurance	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Looksmart Ltd	$1,001 - $15,000	CAPITAL GAINS	NONE	P
	McDonalds	$1,001 - $15,000	DIVIDENDS	NONE	
	Merck & Co Inc	$1,001 - $15,000	CAPITAL GAINS	NONE	P
JT	Nations Cash Reserve (Money Market)	$15,001 - $50,000	INTEREST	$201 - $1,000	P
	Nations Cash Reserves (Money Market)	$1,001 - $15,000	INTEREST	$1 - $200	P
	Nations Cash Reserves (Money Market)	$1,001 - $15,000	INTEREST	$201 - $1,000	P
	New Visual Corp	$1 - $1,000	CAPITAL GAINS	NONE	
	Northern Trust (Money Market)	$15,001 - $50,000	INTEREST	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Mark A. Foley

Oklahoma Energy	$1 - $1,000	CAPITAL GAINS	NONE	
Oracle Corp	$1,001 - $15,000	CAPITAL GAINS	NONE	
Pfizer Inc	$1,001 - $15,000	DIVIDENDS	$1 - $200	
PIMCO PEA Renassiance	$1,001 - $15,000	CAPITAL GAINS	NONE	
Redback Networks Inc	$1,001 - $15,000	CAPITAL GAINS	NONE	P
Royce Fund	$1,001 - $15,000	CAPITAL GAINS	NONE	
Safeway Inc	$1,001 - $15,000	CAPITAL GAINS	NONE	
Schwab Charles Corp	$1,001 - $15,000	CAPITAL GAINS	NONE	P
TECO	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000	
Televideo	$1 - $1,000	CAPITAL GAINS	NONE	
Time Warner (Name change from America Online)	$1,001 - $15,000	CAPITAL GAINS	NONE	E
Vanguard Wellington Fund	$1,001 - $15,000	CAPITAL GAINS	NONE	P
Verizon	$1,001 - $15,000	DIVIDENDS	$1 - $200	
Wachovia	$15,001 - $50,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Mark A. Foley

Walt Disney	$1,001 - $15,000	DIVIDENDS	$1 - $200	
World Com (Bankrupt)	None	DIVIDENDS	NONE	Other
World Comm/MCI (Bankrupt)	None	DIVIDENDS	NONE	Other
Wright Patman	$1 - $1,000	INTEREST	$1 - $200	
Wright Patman CD changed to Money Market	$15,001 - $50,000	INTEREST	$201 - $1,000	

SCHEDULE IV - TRANSACTIONS

Name Mark A. Foley

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Nations Cash Reserves (Money Market)	P	10-27-04	$1,001 - $15,000
	ComCast Corp	P	01-06-04	$1,001 - $15,000
	E M C Corp	P	01-06-04	$1,001 - $15,000
	Kemet Corp	P	06-01-04	Less than $1000
	Krispy Kreme Doughnuts Inc	P	08-16-04	$1,001 - $15,000
	Liberty Media Corp	P	01-06-04	$1,001 - $15,000
	Looksmart Ltd	P	08-16-04	$1,001 - $15,000
	Vanguard Wellington Fund	P	01-06-04	$1,001 - $15,000
	Nations Cash Reserves (Money Market)	P	12-28-04	$1,001 - $15,000
	Family Dollar Stores	P	04-16-04	$1,001 - $15,000
	Hartmarx Corp	P	12-29-04	$1,001 - $15,000
	Merck & Co Inc	P	04-06-04	$1,001 - $15,000

SCHEDULE IV - TRANSACTIONS

Name Mark A Foley

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Schwab Charles Corp	P	02-20-04	$1,001 - $15,000
JT	Hartmarx Corp	P	12-29-04	$1,001 - $15,000
JT	Nations Cash Reserve	P	11-24-04	$15,001 - $50,000
JT	JP Morgan Chase & Co	P	12-29-04	$1,001 - $15,000
	Redback Networks	P	06-01-04	$1,001 - $15,000
	AllState	S	09-15-04	$1,001 - $15,000
	AT & T Wireless	S	09-15-04	$1,001 - $15,000
	BE Aerospace	S	09-15-04	$1,001 - $15,000
	Florida Power & Light	S	09-15-04	$15,001 - $50,000
	Internet Capital	S	12-22-04	Under $ 1000
	Jabil Circuit Inc	S	12-22-04	$1,001 - $15,000
JT	Johnson & Johnson	S	11-19-04	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Mark A. Foley

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	JP Morgan	S	12-29-04	$1,001 - $15,000
JT	Kroger	S	12-23-04	$1,001 - $15,000
	World Com	Other	06-01-04	Under $ 1000
	World Com/MCI	Other	06-01-04	$1,001 - $15,000
	Northern Trust (Money Market)	P	10-01-04	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Mark A. Foley

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Mortgage Bankers Association	Jan. 31-Feb 2	Wash. DC - Orlando, FL - Wash. DC	Y	Y	N	N/A
American College of Radiation Oncology	Feb. 27-28	Wash. DC - Orlando, FL	Y	Y	N	N/A
Ripon Education Fund	Aug 1-3	Chicago, IL - Wash. DC	Y	Y	N	N/A
American Sugar Alliance	Aug 7 - 11	Wash. DC - Denver, CO - Wash. DC	Y	Y	N	N/A
American Association of Opthomology	Oct 23-25	Tampa, FL - New Orleans, LA - West Palm Beach, FL	Y	Y	N	N/A
National Academy of Recording Arts & Sciences	Nov 4	West Palm Beach, FL - Miami, FL	Y	Y	N	N/A
Clark Consulting	Nov 5-7	Miami, FL - Naples, FL - West Palm Beach, FL	Y	Y	N	N/A
Palm Beach County Convention & Visitors Bureau	Nov 7-12	West Palm Beach, FL - London, England - West Palm Beach, FL	Y	Y	N	N/A

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HAND DELIVERED

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

James Randy Forbes, Sr.
(Full Name)

408 Parker Road
(Mailing Address)

202-225-6365
Daytime Telephone

Chesapeake, Virginia

Filer Status	☒ Member of the U.S. House of Representatives — State: Virginia Distrct: 04	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	J Randy Forbes	5/15/05

1284

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Kaufman & Canales, P.C.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
None			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P S E
SP	Mega Corp. Stock					X								X																		P
DC, Examples	Simon & Schuster		indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	524 Johnstown Rd. Ches. Va. (office Bldg.) (Assessed value 872,000)								X						X														X			
JT	1391 Duck Rd. Dare Co. N.C. (Residential Home) (Assessed value 454,900)							X							X											X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James Randy Forbes, Sr. | Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Bank of America (Acct)			X												X						X										
	Kaufman & Canales P.C. (Retirement Acct)			X																	X											
	Bank of America (IRA)			X												X						X										
SP	Kaufman & Canales P.C. (Retirement Acct)			X												X							X									
	Boat						X													*					X							
	Towne Bank (Acct)			X												X						X										

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
	None														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Bank of America	Mortgage on 524 Johnstown Ches. Va.						X				
	Suntrust Bank	Boat Loan				X						
	Bank of America	Mortgage on 1391 Duck Rd. Dare Co., N.C.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $265 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples – Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
American Shipbuilding Assoc. *	11/30/04 – 12/6/04	Norfolk, Va – Ft. Myers, Fl – Wash., D.C.	Y	Y	Y	12-2-04 – 12-6-04

This page may be copied if more space is required. * 12/2/04 - 12/6/04 paid for personally

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 2005 98-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
CLERK'S OFFICE RESOURCE CENTER
2005 MAY 16 PM 12:46
(Office Use Only) MC

HAROLD FORD, JR.
(Full Name)

58 Rivermist, Memphis, TN 38103
(Mailing Address)

202/225-3265
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: TN District: 9th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/14/05

Name	Page 2 of 4
Harold Ford, Jr.	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
	XYZ Magazine	Article	Aug. 13, 2004	$500
	University of Georgia	Speech	1/9/04	$1,000.00
	Methodist Healthcare	Speech	1/16/04	$200.00

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Name Harold Ford, Jr. | Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left

BLOCK B — Value of Asset at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income
For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income

BLOCK E — Transaction
Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

Block A	Block B	Block C	Block D	Block E
	A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP. Mega Corp Stock	F	DIVIDENDS	V	P
DC. Simon & Schuster (Examples)	Indefinite	Royalties	IX	
JT 1st Bank of Paducah, KY accounts	F	INTEREST	VI	
First Funds Growth Income Fund	D	DIVIDENDS; INTEREST; CAPITAL GAINS	III	
Franklin Custodian Funds, Inc.	C	DIVIDENDS; INTEREST; CAPITAL GAINS	II	P
Templeton GrowthFund, Inc.	C	DIVIDENDS; INTEREST; CAPITAL GAINS	II	P
Mutual Series Fund, Inc.	C	DIVIDENDS; INTEREST; CAPITAL GAINS	II	P

For additional assets and unearned income, use next page.

Name	Harold Ford, Jr.	Page 4 of 4

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
University of Georgia	1/8-1/9	Memphis-Atlanta-Miami	N	N	N	N
TN Bar Association	17-Jan	Memphis-Nashville-Memphis	N	N	N	N
Credit Suisse First Boston REIT Conference	26-Jan	Boston-New York	Y	N	N	N
TN Association for Home Care	20-Apr	Memphis-Nashville-Washington DC	N	N	N	N
University of Alabama Law School	5/13-5/14	Washington DC-Birmingham, AL Memphis	Y	N	N	N
Austin East Magnet High School	5/21-5/22	Washington DC-Knoxville, TN Memphis	Y	N	N	N
FedEx 11th Annual Black Enterprise Awards Dinner	9/1-9/2	Nashville, TN-Miama	Y	N	N	N
TN Bankers Association	10/26-10/27	Memphis-Nashville-Memphis	Y	N	N	N
TN Electric Cooperative Association Annual Mtg.	11/22-11/23	Memphis-Nashville-Memphis	N	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 3:08

(Office Use Only)

Jeffrey L. Fortenberry
(Full Name)
P.O. Box 30265 Lincoln, NE 68503 402/458-3678
(Mailing Address) (Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State NE District 1	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $265 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [X] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [ ]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/14/05

1297

Name	Page 2 of 9
Jeff Fortenberry	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Sandhills Publishing	Salary	$23,483
Jeff Fortenberry for United States Congress Committee	Salary	$21,000
St Claire Communications, L.L.C.	Self-employment income	$10,562

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
	XYZ Magazine	Article	Aug. 13, 2004	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period; and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as Income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B											Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock					X								X										X							P
	DC Simon & Schuster			Indefinite												X				Royalties								X			
	JT 1st Bank of Paducah, KY accounts						X																		X						
* JT	St. Claire Communications, L.L.C., Lincoln NE Business Consultation Marketing + Investments				X																										
	Ownership Interest through St. Claire Communications, LLC in Properties of Nebraska, LLC 2923 S. 48th Lincoln NE																														S
	2800 "Y" St. Lincoln, NE																														S
	4825 Freemont St. Lincoln NE																														S
SP	St. Claire Communications LLC				X															Partnership Income					X						

* Book Value Basis

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jeff Fortenberry

	SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
*	JT	Glenn Deo, Inc. L.L.C. NE Retail Book & Gift Stores					X														S Corporate income						X						
	JT	Citigroup Stock			X										X								X										S
	JT	General Electric Stock			X										X								X										S
	JT	Intel Corp Stock			X										X								X										S
**	JT	JP Morgan Chase Stock			X										X								X										S
	JT	Microsoft Stock			X										X								X										S
	JT	Smith Barney Premier Selection All Cap Growth Fund			X										X							X											S
	JT	Smith Barney Vari Investment Trust 2007			X										X							X											E
	JT	Smith Barney Vari Investment Trust 2004			X										X							X											S
		Smith Barney SEP IRA Dividend & Income Fund			X										X								X										E Rollover to IRA
		Smith Barney SEP IRA Cash Park Deposit Program			X												X						X										E Rollover to IRA
		Smith Barney IRA All Cap Growth Fund			X																	X											
		Smith Barney IRA Dividend & Income Fund			X										X							X											
		Smith Barney IRA Balance Money Fol Liquid Deposit Program			X												X					X											
		Nolk Retirement Plan Sustain Publishing Co Money Fund Cash Bal					X										X							X									
		TIAA-CREF Retirement Fund CREF Stock Fund			X																												
	SP	TIAA CREF Retirement Fund CREF Global Equities			X																												
	SP	TIAA CREF Retirement Fund CREF Stock Fund			X																												
	JT	Security Federal Bank Golden Eagle Net Lincoln NE	X														X						X										E Acct Closed
	JT	Union Bank Lincoln, NE Chuck Kupsky Beat			X												X						X										
	JT	Pepco Bio Medical, LLC Member			X																												

* Book Value Basis

** Inadvertantly omitted from 2003 filing

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Name Jeff Fortenberry

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10–12–04		X								
JT	St Clair Communications LLC sale of interest membership Properties of NE, LLC		X		12-30-04	X									
JT	C.T. Group Inc Stock		X		3/24/04	X									
JT	General Electric Stock		X		3/24/04	X									
JT	Intel Corp Stock		X		3/24/04	X									
JT	JP Morgan Chase Co Stock		X		3/24/04	X									
JT	Microsoft Corp Stock		X		3/24/04	X									
JT	Smith Barney Premier Selection All Cap Growth Fund		X		3/31/04	X									
JT	Smith Barney Unit Investment Trust 2003 for Unit Investment Trust 2004			X	3/9/04	X									
JT	Smith Barney Unit Investment Trust 2004		X		3/31/04	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$ -

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Member/Manager, St Clair Communications, LLC	St Clair Communications, LLC (no longer in position)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
12/31/04	Jeff Fortenberry and Sandhills Publishing (former employer)	Continuation of health benefits through 1/31/05 ~~until~~ (Federal Health Plan Start date)

GPO 2005 98-729 (rev.)

Use additional sheets if more space is required.

JEFF FORTENBERRY
1ST DISTRICT, NEBRASKA

COMMITTEE ON AGRICULTURE
COMMITTEE ON INTERNATIONAL RELATIONS
COMMITTEE ON SMALL BUSINESS

HAND DELIVERED

WASHINGTON OFFICE
1517 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4806

LINCOLN OFFICE
301 SOUTH 13TH STREET
SUITE 100
LINCOLN, NE 68508
(402) 438-1598

FREMONT OFFICE
629 NORTH BROAD STREET
FREMONT, NE 68025
(402) 727-0888

Jeff.Fortenberry@mail.house.gov
www.house.gov/fortenberry

Congress of the United States
House of Representatives

June 9, 2005

LEGISLATIVE RESOURCE CENTER
2005 JUN 13 PM 2:15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

The Hon. Jeff Trandahl
Clerk Of The House
U.S. Capitol
H154
Washington, DC 20515-0001

Dear The Hon. Trandahl:

The purpose of this letter is to amend my recently filed 2004 Financial Disclosure Statement. Two questions on the first page regarding trusts and exemptions were inadvertently unanswered. The answer to each of these questions is "no."

Please inform me if you need any additional information. Thank you.

Sincerely,

Jeff Fortenberry
Member of Congress

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

2005 JUN 13 PM 1:08

U.S. HOUSE OF REPRESENTATIVES

Jeffrey L. Fortenberry
(Full Name)
PO Box 30265 Lincoln, NE 68503 (402) 488-3678
(Mailing Address) (Business Telephone)

Filer Status	☒ Member of the U.S. House of Representatives	State NE District: 02	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒ No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		original 5/16/05 revised 6/9/05

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY 10 PM 3:11
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

Luis G. Fortuño
(Full Name)

126 Cannon House Office Building
(Mailing Address)

(202)225-2615
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Puerto Rico District: At Large	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Luis Fortuño	May 9, 2005

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$1,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Correa, Collazo, Herrero, Jiménez & Fortuño	Professional Service Fee	$207,000
	Partners Legal Services, PSC	Spouse Professional Service Fee	N/A
	SDA Global, Inc	Spoouse Professional Service Fee	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Luis G. Fortuño	Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction (P, S, E)
SP	Examples: Mega Corp. Stock					X								X										X								P
DC	Examples: Simon & Schuster		Indefinite																	Royalties									X			
JT	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
JT	Doral Bank Money Market Account						X									X								X								
DC	Doral Bank Savings Account			X												X						X										
DC	Doral Bank Savings Account		X													X						X										
DC	Doral Bank Savings Account		X													X						X										
	Salomon Smith Barney Retirement Plan					X								X		X								X								P, S
	Salomon Smith Barnet Retirement Plan				X									X		X							X									P, S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Luis G. Fortuño

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
	Salomon Smith Barney Retirement Plan	D	DIVIDENDS; INTEREST; CAPITAL GAINS	III	P,S
SP	Western Bank IRA (CD)	D	INTEREST	III	P(partially)
	Western Bank IRA (CD)	D	INTEREST	III	P(partially)
	Cash Value Equitable Life Insurance	C	Other Type of Income: Capital Apprec.	III	
JT	Eastern Builders, Inc. Stock	G	DIVIDENDS	I	
JT	Eastern Builders, INC Note Receivable	F	INTEREST	I	
SP	Matínez, Odell & Calabria Retirement Plan	D	DIVIDENDS	I	
	Correa, Collazo, Herrero Jiménez & Fortuño Equity	E	Other Type of Income: Partner Cap. Apprec.	VIII	
	Correa, Collazo, Herrero, Jiménez & Fortuño Acct. Rec.	E	Other Type of Income: N/A	I	
	Law PR Closing & Title Service, INC.	D	DIVIDENDS	I	

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Continue

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Luis G. Fortuño

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
JT	San Juan West Residential Properties, INC. Stock		X											X							X												
	Eastern Builders, INC Stock & Note (Ret.Plan)							X						X		X					X												
	Oriental Group IRA			X												X						X											S
SP	Oriental Group, IRA			X												X						X											S

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SCHEDULE IV — TRANSACTIONS

Name Luis G. Fortuño

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
	N/A														

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Name Luis G. Fortuño | Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$280
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
N/A							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Partner	Correa, Collazo, Herrero, Jiménez & Fortuño*
Shareholder/Officer	Law PR Closing and Title Services, INC*
	*Relationship severed in both cases effective 12/31/04

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
12/31/2004	Correa, Collazo, Herrero, Jiménez & Fortuño and Luis G. Fortuño	Once accounting firm completes audit, payment corresponding to Luis Fortuño's participation in law firm, to the extent that law firm can bear such burden.

GPO: 2005 — 99-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY 13 AM 10: 38
HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC (Office Use Only)

Vito John Fossella
(Full Name)

15 Grandview Terrace
Staten Island, New York 10308
(Mailing Address)

Daytime Telephone (718) 356-8400

Filer Status	☑ Member of the U.S. House of Representatives	State: New York District: 13	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4. § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/12/05

1318

Name Vito John Fossella | Page 1 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left

BLOCK B — Value of Asset at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S) or exchanged (E) in reporting year

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock	Indefinite			P
	Simon & Schuster				
	1st Bank of Paducah, KY accounts				
JT	Chase Manhattan Bank Account				
	NYC Deferred Compensation				
SP	Chase Manhattan IRA				
	Merrill Lynch Global Value Fund Class B				
	Chase Manhattan New York 529				P
DC	College Savings Program Advisor Plan Chase Manhattan New York 529				P
DC	College Savings Program Moderate Growth				

	Block A	Block B	Block C	Block D	Block E
		A	B	C	D	E	F	G	H	I	J	K	L	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X									X										X									P
	Simon & Schuster		Indefinite																	Royalties									X				
	1st Bank of Paducah, KY accounts						X									X										X							
JT	Chase Manhattan Bank Account			X												X						X											
	NYC Deferred Compensation					X								X									X										
SP	Chase Manhattan IRA						X									X							X										
	Merrill Lynch Global Value Fund Class B			X										X								X											
	Chase Manhattan New York 529																																P
DC	College Savings Program Advisor Plan Chase Manhattan New York 529			X												X							X										P
DC	College Savings Program Moderate Growth			X												X							X										P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Vito John Fossella

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
DC	Chase Manhattan New York 529 College Savings Program Agreement	C $1 – $1,000	INTEREST	III $201 – $1,000	P

	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000
DC			X									

	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)
DC			X				

	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000
DC			X								

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP DC JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
DC	Chase Manhattan New York 529 College Savings Program Advisor Plan	X			2-20-04	X									
DC	Chase Manhattan New York 529 College Savings Program Moderate Growth	X			2-20-04	X									
DC	Chase Manhattan New York 529 College Savings Program Aggressive Growth	X			2-20-04	X									

This page may be copied if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	New York stock Exchange	July 18-19	New York	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

2005 MAY 12 PM 1:01

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC
(Office Use Only)

Virginia Ann Foxx
(Full Name)

11763 Hwy 105
(Mailing Address)

Banner Elk NC 28604

202 225 3671
Day Time Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State NC District 5	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (not aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Virginia Foxx	5-09-05

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Name Virginia A. Foxx | Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
State NC	Gen. Assembly	9,928
State NC	Ret. System	24,230
Grandfather Home for Children	Const. Fees	12,933

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
Examples XYZ Magazine	Article	Aug. 13, 2004	$400
None			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	Block E P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
JT	Rental Bldg 129 Crystal St Spruce Pine NC						X								X												X					
JT	House Lot 2 Rosebay Sub. Banner Elk NC							X									X			For Sale												
JT	House Lot 6 Rosebay Sub Banner Elk NC							X									X			For Sale												
JT	Lot Lot 1 Rosebay Sub Banner Elk NC					X											X			For Sale												
JT	Rental 11852 Hwy 105 Banner Elk NC						X								X											X						
JT	Rental 129 Crystal Dew Banner Elk NC					X									X										X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Virginia A. Foxx

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P. S. E.
JT	Rental 164 Crystal Glen Banner Elk NC					X									X										X							
JT	Rental 175 Crystal Glen Banner Elk NC					X									X										X							
JT	Rental 184 Crystal Glen Banner Elk NC						X								X										X							
JT	Rental 11464 Hwy 105 Banner Elk NC					X									X										X							
JT	Rental 11470 Hwy 105 Banner Elk NC					X									X										X							
JT	Farm 11468 Hwy 105 Banner Elk NC								X						X					Lease					X							
JT	FOXX Family Inc 11468 Hwy 105 Banner Elk							X								X				Mortgage						X						
JT	Rick Carpenter Hickory NC					X										X				Mortgage												
JT	US Bonds			X												X																
JT	Altria Stock			X										X			X						X									
JT	Athens Energy			X													X							X								5
JT	Bank America				X									X									X									
JT	Bry My Sqb			X										X									X									
JT	CMS Energy			X										X							X											
JT	Chev Texaco				X									X									X									
JT	Gen El					X								X										X								
JT	Hartford				X									X									X									
JT	Home Depot			X										X									X									
JT	McDonald			X										X									X									
JT	Pfizer Zoma			X										X									X									
JT	Smucker			X										X									X									
JT	Starwood			X										X								X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Virginia A. Foxx

SP.* DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction P. S. E.
JT	Verizon	C $1,001 – $15,000	DIVIDENDS	III $201 – $1,000	
JT	Walmart	C $1,001 – $15,000	DIVIDENDS	II $1 – $200	
JT	Wal Mart	B $1 – $1,000	DIVIDENDS	II $1 – $200	
JT	West REIT	C $1,001 – $15,000	DIVIDENDS	II $1 – $200	
JT	Blackrock Cap Acct.	F $100,001 – $250,000	INTEREST	III $201 – $1,000	
	Growth Fund America	C $1,001 – $15,000	CAPITAL GAINS	I None	
SP	" " "	C $1,001 – $15,000	CAPITAL GAINS	I None	
SP	Roth NY Life	C $1,001 – $15,000	CAPITAL GAINS	I None	
	Roth " "	C $1,001 – $15,000	CAPITAL GAINS	I None	
	Evergreen New Sol.	F $100,001 – $250,000	CAPITAL GAINS	I None	
	Fidelity Equity Income	E $50,001 – $100,000	CAPITAL GAINS	I None	
JT	Transamerica Annuity	F $100,001 – $250,000	CAPITAL GAINS	I None	
JT	Tot Ex. Bd Fund Am.	E $50,001 – $100,000	INTEREST	V $2,501 – $5,000	
JT	UK High Gd. Muni Fund	E $50,001 – $100,000	INTEREST	V $2,501 – $5,000	

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-04		X								
JT	Atmos Energy		X		4-13-04	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Mountain Bank of Hendersonville NC	Mortgage 129 Cagstor St. Spruce Pine NC	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash. D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
NC Gen Assembly	Reimbursements	related	to	serving	State	Senate
US Government	Travel for	Orientation	to	US	Congress	

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Name	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 2005 99-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 12 PM 12: 36

U.S. Rep. Barney Frank
(Full Name)

2252 Rayburn Building Washington, DC 20515
(Mailing Address)

202-225-5931
Daytime Telephone

(Office Use Only)

MC

Filer Status	☑ Member of the U.S. House of Representatives	State: MA District: 4	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 12, 2005

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name U.S. Rep. Barney Frank

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	TIAA-CREF Retirement Account	$15,001 - $50,000	None	NONE	NA
	Citizens Bank Savings & Checking Accounts	$15,001 - $50,000	INTEREST	$1 - $200	NA
	4 Percent Interest in Breadline Restaurant (Washington, DC)	$15,001 - $50,000	None	NONE	NA
	1401 17th Street, NW, Washington, DC (personal residence)	$250,001 - $500,000	None	NONE	NA
	Salomon Smith Barney Brokerage Account -- Money Fund	$1 - $1,000	DIVIDENDS	$1 - $200	NA
	Centennial Money Market Trust (IRA)	$1,001 - $15,000	INTEREST	$1 - $200	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name U.S. Rep. Barney Frank

	UTS Nuveen Dow Portfolio	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	NA
	Mass. Investors Growth Stock Fund	$15,001 - $50,000	CAPITAL GAINS	$201 - $1,000	NA
	Mass. Housing Finance Agency (bonds)	$1,001 - $15,000	INTEREST	$201 - $1,000	NA
	Mass. Industrial Finance Agency	$1,001 - $15,000	INTEREST	$201 - $1,000	NA
	Mass. State bonds (consolidated loan)	$15,001 - $50,000	INTEREST	$201 - $1,000	NA
	Smith Barney Social Awareness Fund	$50,001 - $100,000	CAPITAL GAINS/DIVIDENDS	$1,001 - $2,500	NA
	Calvert Social Investment Fund	$50,001 - $100,000	CAPITAL GAINS/DIVIDENDS	$1,001 - $2,500	NA
	Univ. Of Mass. Bldg. Authority	$15,001 - $50,000	INTEREST	$201 - $1,000	NA
	Mass. Turnpike Authority	$15,001 - $50,000	INTEREST	$201 - $1,000	NA
	Citibank Bank Deposit Program	$1,001 - $15,000	INTEREST	$1 - $200	NA
	Nuveen Mass. Dividend Advantage Municipal Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	NA

SCHEDULE V - LIABILITIES

Name U.S. Rep. Barney Frank

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Flagstar Bank (Bingham Farms, MI)	Mortgage on 1401 17th Street, NW. Washington, DC (personal residence)	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name U.S. Rep. Barney Frank

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
World Economic Forum [participation in economic forum]	Jan. 21 - 26	Wash., DC - Newark, NJ -- Zurich -- Davos -- Zurich -- Newark -- Wash.	Y	N	N	NA
Lesbian & Gay Immigration Rights Task Force [Speech]	Feb. 7 - 10	Wash, DC -- New York -- Wash.	Y	N	N	NA
Securities Industry Assoc. [meeting]	Feb. 9 - 10	Lodging in New York & Car Service	Y	N	N	NA
Univ. Of Southern Calif. [speech]	Feb. 17 - 20	Wash., DC -- Los Angeles -- San Francisco -- Wash. (LA to SF paid for by Lantos for Congress)	Y	N	N	NA
Univ. Of Delaware [Speech]	March 29 - 30	Wash., DC -- Wilmington -- Wash.	Y	N	N	NA
NAACP [Speech]	July 12	New York -- Philadelphia -- Wash., DC (travel to NY paid for by Hinchey for Congress)	N	N	N	NA
Stonewall Democrats of Delaware [Speech]	Aug. 7 - 8	Providence -- Philadelphia -- Providence	N	N	N	NA
Cornell Univ. [Speech]	Oct. 18 - 19	Boston -- Ithaca -- New York (Return to Boston paid for w/ personal funds)	Y	N	N	NA
Duke University [speech]	Oct. 21 - 23	Boston -- Raleigh/Durham -- Ft. Lauderdale (continuation of trip paid w/ personal funds)	N	N	N	NA

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name U.S. Rep. Barney Frank

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Jewish Council on Urban Affairs [Speech]	Nov. 13 - 14	Boston - Chicago -- Boston	Y	Y	N	NA
American Banker [Speech]	Nov. 30 - Dec. 3	Boston -- New York -- Boston	Y	N	N	2 Days

BARNEY FRANK
4TH DISTRICT, MASSACHUSETTS

2252 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–2104
(202) 225-5931

29 CRAFTS STREET
SUITE 375
NEWTON, MA 02458
(617) 332-3920

Congress of the United States
House of Representatives
Washington, DC

558 PLEASANT STREET
ROOM 309
NEW BEDFORD, MA 02740
(508) 999-6462

THE JONES BUILDING
29 BROADWAY
SUITE 370
TAUNTON, MA 02780
(508) 822-4796

May 12, 2005

The Honorable Jeff Trandahl
Clerk
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Trandahl:

As I was preparing my 2004 Financial Disclosure Statement, I became aware of the fact that I had inadvertently omitted from my statements for the years 1999 – 2003 an asset that should have been listed for each of those years. With this letter, I am requesting that those statements be amended to correct this inaccuracy, as described below.

In 1999 I invested (in the $1,001 - $15,000 category) in the Nuveen Massachusetts Dividend Advantage Fund. This purchase should have been listed as a purchase on Schedule IV of my 1999 statement. In that year and each succeeding year, this asset should also have been listed in Schedule III, in each case in the $1,001 - $15,000 category, with dividend income in the $201 - $1,000 category.

Thank you for your attention to this matter. Please let me know if any additional information is required.

BARNEY FRANK

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVER 9

LEGISLATIVE RESOURCE CENTER
2005 MAY 13 PM 12: 00
U.S. HOUSE OF REPRESENTATIVES (Office Use Only) MC

TRENT FRANKS (Full Name)
12416 N 57th Drive (Mailing Address)
Glendale, AZ
Daytime Telephone 623-487-9587

Filer Status ☐ Member of the U.S. House of Representatives State ____ District ____ ☐ Officer or Employee Employing Office: ____

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Trent Franks	May 10, 2005

Name TRENT FRANKS | Page 1 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
	XYZ Magazine	Article	Aug. 13, 2004	$500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	BLOCK A		BLOCK B													BLOCK C							BLOCK D												BLOCK E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP		SP	Mega Corp. Stock				X								X									X										P
DC	Examples:		Simon & Schuster	Indefinite																	Royalties								X						
JT			1st Bank of Paducah, KY accounts					X									X									X									
	NOTE Payable from Providence Petroleum to Liberty Petroleum Stock transfer										X							X											X						
	Providence Petroleum Stock										X							X				X													

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name TRENT FRANKS

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	US Patents for LPIXX Life Pages						X														X											
	Vuex Corporation Stock				X																X											
	[redacted] House/ Rental Property						X																			X						

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								

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Name TRENT FRANKS | Page 6 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Fairbanks Capital Corp Jacksonville, FL	Mortgage on 7726 N. 30th Dr. Phx AZ				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Strategic Consulting + Administration Inc
Director	Liberty Petroleum Corporation
Director	Providence Petroleum Corporation
Board member	Arizona Student Tuition Organization Association
Board member	Americans for Military Readiness

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Board Member	Arizona Association of Evangelicals
Board Member	Northline Ministries
Board Member	Arizona Dream Foundation
Board Member	Children's Hope Scholarship Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
11-7-02	Trent Franks & Liberty Petroleum	Deferred Compensation Agreement totaling $110,000.

GPO 2005 56-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 15 PM 9:23

MC (Office Use Only)

Rodney P. Frelinghuysen (Full Name)

559 James Street (Mailing Address)
Morristown, New Jersey 07960

(908)439-3499 (Tina) Daytime Telephone
(202)225-5034 (Rodney)

Filer Status: [X] Member of the U.S. House of Representatives — State New Jersey District: 11 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	R. P. Frelinghuysen MC	5/12/05

1350

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$8,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
NONE		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb 2, 2004	$2,000
XYZ Magazine	Article	Aug 13, 2004	$500
NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B												Block C						Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples	SP	Mega Corp. Stock				X								X										X							P
DC			Simon & Schuster	Indefinite																	Royalties								X			
JT			1st Bank of Paducah, KY accounts					X									X									X						
	See Continuation Sheets Pages 5 thru 29																															

For additional assets and unearned income, use next page.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	2004 INCOME	2004 TRANSACTION
Johnson & Johnson	I	DIV	VII	
Pall Corp.	F	DIV	V	DIV REINVEST.
Peapack Gladstone Financial Corp.	F	DIV	V	
Bank of America (Formerly,Fleet Boston Financial)	F	DIV	VI	
Valley National Bancorp - NJ	C	DIV	II	
Procter & Gamble Co.	I	DIV	VIII	DIV REINVEST.
International Business Machines	I	DIV	VI	DIV REINVEST.
Eli Lilly & Co.	I	DIV	VII	DIV REINVEST.
Computer Technology (IRA)	C	NONE	I	
Peapack Gladstone Bank (CKG)	F	INT	II	
JP Morgan Chase Bank (SVGS)	E	INT	II	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	2004 INCOME	2004 TRANSACTION
Congressional Federal Credit Union	C	INT	II	
Aetna, Inc. NEW	E	DIV	II	
Merck & Co., Inc.	G	DIV	VI	
Pfizer, Inc.	H	DIV	VI	
CATS - PRIN - Ser Q	A	OID INT	I	S
Federated U.S. Government	G	INT	V	S/P
Motorola, Inc.	E	DIV	III	
Intel Corp.	D	DIV	III	
American Express	E	DIV	III	
Schering Plough Corp.	C	DIV	II	
Microsoft Corp.	D	DIV	V	
Bank of America - Svgs (Formerly Fleet Boston Bank)	C	INT	II	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	2004 INCOME	2004 TRANSACTION
JP Morgan Funds	C	DIV	II	
J.M. Smucker Co.	D	DIV	III	DIV REINVEST.
Tamarack Investment Fund (IRA) (Formerly Great Hall Fund (IRA)	C	DIV	II	
Medco Health Solutions, Inc.	D	NONE	I	
Abbott Labs (Inherited 2004)	F	DIV	V	
Amgen, Inc (Inherited 2004)	C	NONE	I	
Applied Materials, Inc. (Inherited 2004)	D	NONE	I	
Cisco Systems, Inc (Inherited 2004)	C	NONE	I	
Comcast Corp. Class A Special (NEW) (Inherited 2004)	C	NONE	I	
Costco Wholesale Corp. (Inherited 2004)	C	DIV	II	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	2004 INCOME	2004 TRANSACTION
E.I. DuPont de Nemours & Co. (Inherited 2004)	D	DIV	III	
Emerson Electric Co.(Inherited 2004)	E	DIV	IV	
Exxon Mobil Corp.(Inherited 2004)	F	DIV	V	
General Dynamics Corp. (Inherited 2004)	D	DIV	III	
Hospira, Inc. (Inherited 2004)	C	NONE	I	
Lehman Brothers Hldgs, Inc (Inherited 2004)	D	DIV	II	
May Department Stores Co. (Inherited 2004)	D	DIV	III	
McGraw Hill Cos., Inc. (Inherited 2004)	E	DIV	IV	
Medtronic, Inc. (Inherited 2004)	C	DIV	II	
Monsanto Co. (Inherited 2004)	C	DIV	II	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	2004 INCOME	2004 TRANSACTION
Pepsico, Inc. (Inherited 2004)	C	DIV	III	
SLM Corp. (Inherited 2004)	G	DIV	V	
Schlumberger LTD (Inherited 2004)	E	DIV	III	
Service Master Co. (Inherited 2004)	E	DIV	IV	
Verizon Communications (Inherited 2004)	D	DIV	III	
Wells Fargo & Co. (NEW) (Inherited 2004)	E	DIV	IV	
B G Group PLC (Inherited 2004)	D	DIV	III	
Nestle SA Sponsered ADR (Inherited 2004)	E	DIV	III	
Noble Corp. (Inherited 2004)	D	DIV	II	
FreeScale Semiconductor "B"	C	NONE	I	SPIN-OFF

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	2004 INCOME	2004 TRANSACTION
Peapack Gladstone Money Market	F	DIV	III	P
17.923 Acres unimproved land, Frelinghuysen Twp., NJ (Commercial Value 2/26/97)	F			
1/5th undivided interest in 235.8 acres of unimproved land, Stockbridge, Ma. (Est.Value)	E			

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Marital Trust U/W Rodney Procter, Peter H. B. Frelinghuysen, Trustee (1/10th income interest)*

* All Assets are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

2004 Income received V

CONTINUATION SHEET - SCHEDULE III

Identity : Non-Marital Trust U/W Rodney Procter, Peter H. B. Frelinghuysen, Trustee (1/10th income interest)*

* All Assets are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

2004 Income received IX

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : A.H. Frelinghuysen 1950 Trust,
Peter H. B. Frelinghuysen, Trustee
(1/5 income interest)*

* All Assets are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

2004 Income received VIII

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Peter H.B. Frelinghuysen Trust U/D dated 1/17/57, Peter H.B. Frelinghuysen and George L. K. Frelinghuysen, Trustees (1/8th income interest)*

* All Assets are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

2004 Income Received VI

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : B. P. Frelinghuysen Trust U/A 4/3/73 Deutsche Bank, New York, NY Trustee (discretionary income interest)*

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2004 TRANSACTION
Knight Ridder, Inc.	E	DIV	
Merck & Co., Inc.	F	DIV	
Procter & Gamble Co.	I	DIV	
Deutsche Bank Trust Co. Tax Free Income Fund	F	DIV	
Deutsche Bank Trust Money Market Account	E	INT	S
American International Group	D	DIV	
Cisco Systems, Inc.	C	NONE	

* All Assets listed are held in trust, and all transactions are initiated by the Trustee. Neither Rodney, his spouse or any dependents is consulted nor gives advice regarding these investments. However, Rodney does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2004 TRANSACTION
Intel Corp.	C	DIV	
American Express Co.	D	DIV	
Microsoft Corp.	C	DIV	
Pfizer	E	DIV	
Home Depot	C	DIV	
Comcast Corp. CL 'A'	C	NONE	
Eli Lilly & Co.	C	DIV	
CitiGroup, Inc.	C	DIV	
Bank of America (Formerly Fleet Boston Financial Corp)	C	DIV	
Texas Instruments, Inc.	C	DIV	
General Electric Co.	C	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2004 TRANSACTION
Noble Drilling Corp.	C	NONE	
J.M. Smucker Co.	C	DIV	
Medco Health Solutions	D	NONE	
2004 Income Received		VII	

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : B. S. Procter Trust U/A
5/31/60 F/B/O Rodney P. Frelinghuysen
Peter Frelinghuysen & Rodney P. Frelinghuysen, Trustees

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2004 TRANSACTION
Abbott Laboratories	F	DIV	
Bristol Myers Squibb Co.	E	DIV	
IMS Health, Inc.	D	DIV	
Moody's Corp.	D	DIV	
R.H. Donnelley Corp.	C	NONE	
Gannett Co., Inc.	E	DIV	
H. J. Heinz Company	D	DIV	
Pepsico, Inc.	F	DIV	
Procter & Gamble Co.	J	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2004 TRANSACTION
Electronic Data System Corp.	C	DIV	
Loews Corp.	F	DIV	
Motorola, Inc.	E	DIV	S
CSX Corporation	D	DIV	
A T & T Corporation	C	DIV	
Lucent Technologies, Inc.	C	NONE	
SBC Communications	D	DIV	
Money Market Fund	I	INT	P
American Express Co.	E	DIV	
Rohm & Haas Co.	D	DIV	
McGraw-Hill Cos., Inc.	E	DIV	
Sherwin Williams Co.	F	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2004 TRANSACTION
Neiman-Marcus Group CL 'B'	C	NONE	
Citigroup, Inc.	D	DIV	
Dun & Bradstreet Corp., NEW	C	NONE	
AT&T Wireless	A	NONE	S
Zimmer Holdings, Inc.	D	NONE	
Smucker, J.M. Co.	E	DIV	
DelMonte Foods Co.	C	NONE	
Comcast Corp. New CL'A'	C	NONE	
Hospira, Inc.	C	NONE	SPIN-OFF
FreeScale Semiconductor CL'B'	C	NONE	SPIN-OFF
2004 Income Received		IX	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : V. T. Robinson Trust U/A dated 4/10/80, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income interest)*

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2004 TRANSACTION
Passaic Cty NJ Ref - Gen Imp	E	INT	
New Jersey St. Trans. Tr. Fd Auth. Bond	F	INT	
Newark, NJ Sch. Qualified Bond	F	INT	
Port Auth. NY & NJ Cons.	F	INT	
Deptford Twp.NJ School District	F	INT	
Home Depot, Inc.	G	DIV	
Coca Cola Co.	E	DIV	

All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Spouse does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2004 TRANSACTION
General Mills	E	DIV	
Pepsico, Inc.	F	DIV	
Altria Group, Inc.	F	DIV	
Procter & Gamble Co.	D	DIV	
Bristol Myers Squibb Co.	D	DIV	
Merck & Co., Inc.	A	DIV	S
Pfizer, Inc.	G	DIV	
Aetna, Inc., NEW	F	DIV	
American Int'l Group	E	DIV	
General Electric Co.	G	DIV	
Emerson Electric Co.	E	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2004 TRANSACTION
Parker - Hannifin Corp.	F	DIV	
Hewlett - Packard	F	DIV	
Intel Corp.	D	DIV	
International Business Machines	D	DIV	
Microsoft Corp.	G	DIV	
BP PLC Sponsored ADR	F	DIV	
Exxon Mobil Corp	F	DIV	
Royal Dutch Petroleum Co.	E	DIV	
Union Pacific Corp.	E	DIV	
Anadarko Petroleum Corp.	D	DIV	
J P Morgan Chase & Co.	D	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2004 TRANSACTION
Federal Nat'l Mortgage Assn.	D	DIV	
Scudder Tax Free Money Market	H	INT	P
Bergen Cty NJ Ref -Gen. Imp	F	INT	
Nokia Corp. ADR	A	DIV	S
Zimmer Holdings, Inc.	C	NONE	
Oakmark Int'l Fund CL'I'	G	DIV	
Yum Brands, Inc.	D	DIV	
Equity Residential SH Ben Int.	D	DIV	
Public Storage, Inc.	E	DIV	
Regency Centers Corp.	D	DIV	
Simon Property Group, Inc. (new)	D	DIV	
Wells Fargo & Co. (new)	F	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2004 TRANSACTION
Johnson & Johnson	E	DIV	
Medco Health Solutions, Inc.	C	NONE	
Alcoa, Inc.	E	DIV	
2004 Income Received		IX	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : H. S. Robinson Trust U/A dated 12/16/82, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income beneficiary)*

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2004 TRANSACTION
J P Morgan Chase & Co. (Formerly Bank One Corp)	E	DIV	
Coca Cola Co.	E	DIV	
General Mills	E	DIV	
Altria Group, Inc.	F	DIV	
Abbott Labs	E	DIV	
Merck & Co., Inc.	A	DIV	S

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Spouse does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2004 TRANSACTION
Johnson & Johnson	F	DIV	
Bell South Corp.	F	DIV	
American Int'l Group	F	DIV	
Electronic Data Systems Corp.	D	DIV	
Emerson Electric	E	DIV	
General Electric Co.	F	DIV	
Parker - Hannifin Corp.	F	DIV	
Hewlett - Packard	E	DIV	
Intel Corp.	D	DIV	
Microsoft Corp.	F	DIV	
Exxon Mobil Corp.	F	DIV	
Royal Dutch Petroleum	F	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2004 TRANSACTION
Federal Nat'l Mortgage Assn.	E	DIV	
Pfizer, Inc.	F	DIV	
First Data Corp.	E	DIV	
Montclair NJ Gen. Oblig.	E	INT	
Newark NJ Sch. Qualified Bond	E	INT	
Scudder Tax Free Money Market	G	INT	S
Burlington Cty NJ OID	F	INT	
NJ St. EDL FACS ATH REV Princeton Univ.	F	INT	
Nokia Corp ADR	A	DIV	S
Gannett Co.	D	DIV	
Anadarko Petroleum Corp.	E	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	2004 TRANSACTION
Wells Fargo & Co. (new)	E	DIV	
Medco Health Solutions, Inc.	C	NONE	
Avery Dennison Corp.	E	DIV	
Alcoa, Inc.	E	DIV	
SBC Communications, Inc.	E	DIV	
Federal Nat'l Mtg. Bond	E	INT	P
2004 Income Received		IX	

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	See Continuation Sheets pages 31 thru 35														

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Qtrly. Div. Re-Invest.	Pall Corporation	P	B
Qtrly. Div. Re-Invest.	Procter & Gamble	P	D
Qtrly. Div. Re-Invest.	International Business Machines	P	B
Qtrly. Div. Re-Invest.	Eli Lilly & Co.	P	C
Qtrly. Div. Re-Invest.	J.M. Smucker Co.	P	Under $1,000
Various	Federated U.S. Government	P	E
Various	Federated U.S. Government	S	E
Various	Peapack Gladstone Bank	P	E
05/17/04	CATS - PRIN - SER Q	S	B
12/08/04	Freescale Semiconductor (Spin-off from Motorola, Inc.)	Spin-off	B

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : B. P. Frelinghuysen Trust U/A
4/3/73 Deutsche Bank, New York, NY
Trustee (discretionary income interest)*

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Various	Deutsche Bank Trust Money Market Acct	S	C

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : B. S. Procter Trust U/A
5/31/60 F/B/O Rodney P. Frelinghuysen
Peter Frelinghuysen & Rodney P. Frelinghuysen, Trustees

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Various	Money Market Fund	P	D
04/21/04	Motorola, Inc.	S	C
04/30/04	Hospira, Inc. (Spin-off from Abbott Labs)	Spin-Off	B
10/27/04	AT&T Wireless	S	B
12/08/04	Freescale Semiconductor CL'B' (Spin-off from Motorola, Inc.)	Spin-Off	B

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : V. T. Robinson Trust U/A dated 4/10/80, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income interest)

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Various	Scudder Tax Free Money Market	P	D
10/18/04	Merck & Co.	S	D
12/09/04	Nokia Corp. ADR	S	C

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : H. S. Robinson Trust U/A dated 12/16/82, Fiduciary Trust Company, Boston, Ma. Trustee (Spouse discretionary income beneficiary)

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Various	Scudder Tax Free Money Market	S	D
02/17/04	Federal Nat'l Mtg. Bond	P	C
05/07/04	Hospira, Inc. (Spin-off from Abbott Labs)	Spin-off	C
08/03/04	Hospira, Inc.	S	B
10/18/04	Merck & Co., Inc.	S	C
12/09/04	Nokia Corp. ADR	S	C

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	NONE						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Advisory Board	El Primer, LTD Morristown, NJ

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2005 98-729 (mec)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

7

HAND DELIVERED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Elton Gallegly
(Full Name)

P. O. Box 940001
(Mailing Address)

Simi Valley, CA 93094-0001

Daytime Telephone
805-522-4487

Filer Status: [X] Member of the U.S. House of Representatives — State: CA District: 22 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	[signature]	5-6-05

1388

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Dynamic Realty	Spouse Salary	N/A
Gallegly for Congress	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Elton Gallegly

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	Mega Corp Stock	F	DIVIDENDS: X	IV	P
DC	Simon & Schuster	Indefinite	Royalties: X	IX	
JT	1st Bank of Paducah, KY accounts	F	INTEREST: X	VI	
JT	1791 Erringer Road Simi Valley, CA 93065	H	RENT: X	VII	
SP	Dynamic Realty	C		None	
JT	Union Bank	E	INTEREST: X	III	
JT	Washington Mutual	E	INTEREST: X	IV	
SP	IRA-PershingLLC-Amgen	E		None	P
SP	IRA-PershingLLC-CocaCola	C		None	

Examples

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ellen Gallegl

Page 4 of 7

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: F S E
Keough-Wells Fargo			X												X						X									
IRA-Merrill Lynch																														
Alliance Growth				X									X								X									
Calamos Growth Fund				X									X								X									
ML Fundamental Growth				X									X								X									
ML Small Cap Value				X									X								X									
John Hancock/US Global				X									X								X									
Coca Cola			X										X								X									
Ventura Pacific	X															X								X						X
Midland Property LTD				X																X										
PtrXXIII who owns affordable housing at Central Avenue and Century Court in Center, Colorado and who owns senior housing at 1615 "O" Street, Sacramento, CA 95814																														

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Name Elton Gallegly

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
SP	IRA-Pershing LLC-Amgen	X			4-5-04	X									
	Ventura Pacific		X		8-9-04	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP. DC. JT	Creditor	Type of Liability	Amount of Liability: B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
T	Carmana Family Trust 10920 Melvin Ave., Northridge, CA	Mortgage - 1791 Erringer Rd. Simi Valley, CA				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
ITKIB Association	Aug 20-26	Zagreb, Croatia - Istanbul, Turkey - Bodrum, Turkey - Istanbul, Turkey - Casablanca, Morocco	Y	Y	Y	N
Assn. of Ribat al Fath	Aug 26-31	Istanbul, Turkey - Casablanca, Morocco - Rabat, Morocco - Fez, Morocco - Casablanca, Morocco, Marrakech, Morocco - Casablanca, Morocco - Zurich, Switzerland	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers and employees

MAY 11 2005

2005 MAY 20 PM 12: 33

(Office Use Only)

Elton Gallegly
(Full Name)

P. O. Box 940001
(Mailing Address)

Simi Valley, CA 93094-0001

(Daytime Telephone)
805-522-4447

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 24	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**		X
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. See 5 U.S.C. app. 4 § 104 and 18 U.S.C. § 1001.

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	5-6-05

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Dynamic Realty	Spouse Salary	N/A
Gallegly for Congress	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
JT	1791 Erringer Road Simi Valley, CA 93065								X						X												X					
SP	Dynamic Realty			X																	N/A											
JT	Union Bank				X											X							X									
JT	Washington Mutual				X											X								X								
SP	IRA-PershingLLC-Amgen				X																X											P
SP	IRA-PershingLLC-CocaCola			X																	X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Elton Gallegly

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P. S. E.
	Keough-Wells Fargo			X												X						X										
	IRA-Merrill Lynch																															
	Alliance Growth				X									X								X										
	Calamos Growth Fund				X									X								X										
	ML Fundamental Growth				X									X								X										
	ML Small Cap Value				X									X								X										
	John Hancock/US Globa				X									X								X										
	Coca Cola			X										X								X										
	Ventura Pacific	X															X								X							S
JT	Midland Property LTD				X																X											

PtrXXIII who owns affordable housing at Central Avenue and Century Court in Center, Colorado and who owns senior housing at 1615 "O" Street, Sacramento, CA 95814

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SCHEDULE IV — TRANSACTIONS

Name Eileen Gallegly | Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.	Type of Transaction			Date	Amount of Transaction									
SP DC JT Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP *Example* Mega Corporation Common Stock	X			10-12-04		X								
SP IRA-Pershing LLC-Amgen	X			4-5-04	X									
Ventura Pacific		X		8-9-04	X									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Carnana Family Trust 10920 Melvin Ave., Northridge, CA	Mortgage - 1791 Erringer Rd. Simi Valley, CA				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

Name	Elton Gallegly	Page	of

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	ITKIB Association	Aug 20-26	Zagreb, Croatia - Istanbul, Turkey - Bodrum, Turkey - Istanbul, Turkey - Casablanca, Morocco	Y	Y	Y	N
	Assn. of Ribat al Fath	Aug 26-31	Istanbul, Turkey - Casablanca, Morocco - Rabat, Morocco - Fez, Morocco - Casablanca, Morocco, Marrakech, Morocco - Casablanca, Morocco - Zurich, Switzerland	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

SLATE DEPOSITORY CENTER

2005 MAY 16 PM 4:28

MC

(Office Use Only)

E. Scott Garrett
(Full Name)

100 Pond School Road
(Mailing Address)

202-225-4465
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State: N.J. District: 05	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☑	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	E Scott Garrett	MAY 15, 2005

1402

Name E Scott Garrett	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$9,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name E. Scott Garrett | Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
NONE			

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Name E Scott Garrett | Page 1 of 1

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

Block A	Block B												Block C							Block D											Block E
	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT — Examples: SP Mega Corp Stock			Indefinite		X								X						Royalties				X						X		P
JT 1st Bank of Paducah, KY accounts						X									X										X						
Dreyfus Appreciation Fund				✓									✓								✓										
Dreyfus Basic S+P				✓									✓								✓										
Dreyfus Disciplined Stock Fund				✓									✓								✓										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name E. Scott Garrett

Page 1 of 1

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction P, S, E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	

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Name E. Scott Garrett | Page ___ of ___

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10/12/04		X								

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Name E Scott Garrett | Page 1 of 2

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
NONE		

Use additional sheets if more space is required.

Name E Scott Garrett	Page 1 of

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	TAIPEI ECONOMIC and CULTURAL REPRESENTATIVE O/FICE	JAN 12-16	N.J → TAIWAN - NJ	Y	Y	N	N

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Name	Page 1 of 1
E Scott Garrett	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

SCOTT GARRETT
5TH DISTRICT, NEW JERSEY

FINANCIAL SERVICES COMMITTEE
FINANCIAL INSTITUTIONS SUBCOMMITTEE
FINANCIAL MANAGEMENT SUBCOMMITTEE

BUDGET COMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515–3005

1318 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4465
FAX (202) 225-9048

210 ROUTE 4 EAST
SUITE 206
PARAMUS, NJ 07652
(201) 712-0330
FAX (201) 712-0900

53 MAIN STREET
NEWTON, NJ 07860
(973) 300-2000
FAX (973) 300-1051

May 24, 2005

MC

Mr. Jeff Trandahl
Clerk of the House
U.S. House of Representatives
H-154, The Capitol
Washington, DC 20515

LEGISLATIVE RESOURCE CENTER
2005 MAY 24 PM 5: 11
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Dear Mr. Trandahl,

I am writing to you concerning my Financial Disclosure Statement for 2004 and two amendments that need to be made.

First, in the Preliminary Information section, I neglected to answer question VIII. The answer should be amended to reflect a "no" answer.

In addition, I answered "no" to question III. It should be amended to reflect a "yes" answer to coincide with supporting documents submitted with the Statement concerning unearned income.

Thank you for your attention in this matter. Should you have questions, please do not hesitate to contact me at 202-225-4465.

Sincerely,

E. Scott Garrett

E. Scott Garrett
Member of Congress

ESG:le

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 4:27

(Office Use Only)

E. SCOTT GARRETT
(Full Name)

100 POND SCHOOL ROAD
(Mailing Address)

202-225-4465
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State: N.J. District: 05	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☑	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	E Scott Garrett	MAY 15, 2005

1412

Name E. Scott Garrett | Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name E. Scott Garrett | Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
	XYZ Magazine	Article	Aug. 13, 2004	$500
	NONE			

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Name E Scott Garrett | Page 1 of 1

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP Mega Corp. Stock	X ($50,001 – $100,000)	X DIVIDENDS	X ($1,001 – $2,500)	P
SP Simon & Schuster	Indefinite	Royalties	X ($5,001 – $15,000)	
Is. Bank of Paducah, KY accounts	X ($100,001 – $250,000)	X INTEREST	X ($15,001 – $50,000)	
Dreyfus Appreciation Fund	✓ ($15,001 – $50,000)	✓ DIVIDENDS	✓ ($201 – $1,000)	
Dreyfus BASIC S&P	✓ ($15,001 – $50,000)	✓ DIVIDENDS	✓ ($201 – $1,000)	
Dreyfus Disciplined Stock Fund	✓ ($15,001 – $50,000)	✓ DIVIDENDS	✓ ($201 – $1,000)	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name E. Scott Garrett

Page 1 of 1

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name E. Scott Bannon | Page 1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.		Type of Transaction			Date	Amount of Transaction										
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO./DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	Example Mega Corporation Common Stock	X			10-12-04		X								

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Name E Scott Garrett | Page 1 of 2

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Taipei Economic and Cultural Representative Office	JAN 12-16	N.J. → TAIWAN - NJ	Y	Y	N	N

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Name	Page 1 of 1
E. Scott Garrett	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2005 98-729 (mac)

Use additional sheets if more space is required.

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ATIVE RESOURCE CENTER

2005 MAY 16 PM 2:23

MC

(Office Use Only)

1421

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

James William Gerlach
(Full Name)

649 Deep Hollow Road Chester Springs, PA 19426
(Mailing Address)

610-594-1415
Daytime Telephone

Filer Status: ☑ Member of the U.S. House of Representatives — State: PA — District: 06 — ☐ Officer Or Employee — Employing Office

Report Type: ☑ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes ☑ No ☐
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? — Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? — Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief		5/12/05

SCHEDULE I - EARNED INCOME

Name James William Gerlach

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Pennsylvania State Employees Retirement System	Legislative Pension	$15,250

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name James William Gerlach

Page 2 of 6

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Associated General Contractors	Baseball Pitch	July 21, 2004	$100

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James William Gerlach

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Vanguard Group - Balanced Index Fund, Life Strategy Mod. Growth, & 500 Index Fund	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	
State Deferred Compensation Program - State Index Fund, Extended Market Fund, Enhanced Tactical Fund	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	
Congressional Federal Credit Union Accounts	$15,001 - $50,000	INTEREST	$1 - $200	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James William Gerlach

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Republican Jewish Coalition	August 15 - 20, 2004	Washington, DC-Israel - Washington, DC	Y	Y	Y	N/A

SCHEDULE VIII - POSITIONS

Name James William Gerlach

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Mission for Education of Children with Autism
Director	Brandywine Health and Wellness Foundation
Director	Brandywine Transitional Corporation
President	Gerlach Corporation

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 JUN 14 PM 3:46
(Office Use Only)

1427

James Arthur Gibbons
(Full Name)

2535 Kinney Lane Reno, NV 89511
(Mailing Address)

202-225-6155
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: NV District: 02	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15) ☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $235 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts–	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions–	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	James A. Gibbons	June 14, 2005

SCHEDULE I - EARNED INCOME

Name James Arthur Gibbons

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Nevada State Legislature	Spouse Salary	N/A
Politek, Inc.	Spouse Salary	N/A
Delta Pilots Retirement Trust	Pension	$6,043.20
The Travelers Insurance Company	Travelers Pension/Insurance Annuity	$2,543.12
DFAS-Cleveland Retirement	Air National Guard Penison	$967.27

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James Arthur Gibbons

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year
SP	Morgan Stanley IRA Standard Listed Below				
SP	Cisco Systems	$1 - $1,000	DIVIDENDS	NONE	
SP	Dell Inc	$1,001 - $15,000	DIVIDENDS	NONE	
SP	General Electric	$1,001 - $15,000	DIVIDENDS	NONE	
SP	Intel Corp	$1 - $1,000	DIVIDENDS	NONE	
SP	Microsoft Corp	$1 - $1,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James Arthur Gibbons

SP	Staples Inc.	$1,001 - $15,000	DIVIDENDS	NONE	
SP	Morgan Stanley Prefered Stocks-Cadbury Schweppes	$1,001 - $15,000	DIVIDENDS	NONE	
SP	Morgan Stanley Variable Rate Annuities- Income abd Death Benefit Combo	$1,001 - $15,000	DIVIDENDS	NONE	
SP	Morgan Stanley Equity Trust- Van Kampen Morgan Stanley	$1,001 - $15,000	DIVIDENDS	NONE	
SP	Morgan Stanley Variable Rate Annuitites- Income/Death Benefits with EEB	$15,001 - $50,000	DIVIDENDS	NONE	
DC	U.S. Bank of Nevada	$15,001 - $50,000	INTEREST	$1 - $200	
DC	Morgan Stanley Stock Intel Corp	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	Morgan Stanley U.S. Treasury Coupon	$50,001 - $100,000	INTEREST	$2,501 - $5,000	
DC	Morgan Stanley European Equity Fund	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	
DC	Morgan Stanley American Opportunities Fund	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	
DC	Morgan Stanley Dividend Growth Securities	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	
DC	Morgan Stanley Global Dividends	$1 - $1,000		NONE	
DC	State Farm Life Policy Universal	$15,001 - $50,000		NONE	
	Vacant Lot 1 No. Washoe County, 520 Acres				

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James Arthur Gibbons

	Vacant Lot 2 N. Washoe County, 40 Acres				
JT	USAA Money Market Account (includes USAA Small Capital and USAA Short Term Bond Fund)	$15,001 - $50,000	DIVIDENDS	NONE	
JT	U.S. Bancorp	$1,001 - $15,000	INTEREST	$201 - $1,000	
JT	Morgan Stanley Annuities-Contains an Insurance Policy Only	$15,001 - $50,000		NONE	
	Morgan Stanley IRA Standard-Listed Below				
	Morgan Stanley Money Market Fund	$1 - $1,000		$1 - $200	
	Morgan Stanley Common Stocks- Cisco Systems Inc.	$1,001 - $15,000	DIVIDENDS	NONE	
	Morgan Stanley Common Stocks- Dell Inc.	$1,001 - $15,000	DIVIDENDS	NONE	
	Morgan Stanley Common Stocks-General Electric Co	$1,001 - $15,000	DIVIDENDS	NONE	
	Morgan Stanley Common Stocks Intel Corp.	$1 - $1,000	DIVIDENDS	NONE	
	Morgan Stanley Common Stocks-Microsoft Corp	$1,001 - $15,000	DIVIDENDS	NONE	
	Morgan Stanley Common Stocks-Staples Inc.	$1,001 - $15,000	DIVIDENDS	NONE	
	Morgan stanley Preffered Stocks-Cadbury Schwepps	$1,001 - $15,000	DIVIDENDS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James Arthur Gibbons

	Morgan Stanley Equity Trusts-Van Kampen Morgan Stanley	$1,001 - $15,000	DIVIDENDS	NONE	
	Morgan Stanley Variable Rate Annuities-Death and Benefit Combination/Allstate	$15,001 - $50,000	DIVIDENDS	NONE	
	Morgan Stanley Variable Rate Annuities Income/Death Benefit with EEB	$50,001 - $100,000	DIVIDENDS	NONE	

SCHEDULE V - LIABILITIES

Name James Arthur Gibbons

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, yourspouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Congressional Federal Credit Union	Personal Loan	$10,001 - $15,000

FOOTNOTES

Name James Arthur Gibbons

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Listed on 2003's disclosure as Euro Growth Fund	Morgan Stanley European Equity Fund
2	Schedule III	Listed on 2003"s disclosure as American Value Fund	Morgan Stanley American Opportunities Fund
3	Schedule III	Listed as ETA and CATS on attached documents.	Morgan Stanley U.S. Treasury Coupon
4	Schedule III	See attached documents for reference.	Morgan Stanley Annuities
5	Schedule III	Listed as IRA Annuities on 2003's disclosure	Morgan Stanley IRA Standard-Listed Below
6	Schedule III	Listed as U.S. Air Force Association on 2003's disclosure	
7	Schedule I	Listed as Delta Pension on 2003's disclosure on Schedule 3.	Delta Pilots Retirement Trust
8	Schedule I	Payments began at Age 60, December 2004.	DFAS-Cleveland Retirement
9	Schedule III	Listed as Dean Witter IRA/Variable Annuity on 2003's disclosure	Morgan Stanley IRA Standard Listed Below

Morgan Stanley

STATEMENT OF YOUR ACCOUNT
FOR MONTH ENDING SEPTEMBER 30, 2004

Account Number
[redacted]
Opened 8/1/56
Household Anniv Date
02/23/2003

Access your account at
www.morganstanley.com/online

Your Financial Advisor
RULE KLITANNER
MORGAN STANLEY
200 S VIRGINIA ST 8TH FLOOR
RENO, NV 89501
(775) 329-3474

(895116546357)

JAMES A GIBBONS AND
DAWN GIBBONS JTTEN
2535 KINNEY LANE
RENO NV 89511-6546

Contains an insurance policy only

ASSET DETAILS

Custodial Holdings	Symbol	Current Price	Date	Value	Custodian	Dividend Cap Gains Option	Fund Plan Number
				$.00			
Total Custodial Holdings							

Annuities/Insurance	Purchase Price	Recent Value	Purchase Date	Policy Number
VA 2 M/BOB INC-DB/EEB	$32,500.00	$38,802.37	08/11/95	156255
Total Annuities/Insurance		$38,802.37		

In force insurance purchased through Morgan Stanley as of date shown as reported by the insurance carrier. Amounts may be subject to surrender and other contract charges if withdrawn. Immediate annuity contracts are not reflected.

Asset Summary	Value	Est Yrly Income
Cash	0.00	
Total Account Valuation	$38,802.37	$.00

Investments and services are offered through Morgan Stanley DW Inc. Member SIPC

1435

Morgan Stanley

Your Financial Advisor
RUECKL/TANNER
MORGAN STANLEY
200 S VIRGINIA ST 8TH FLOOR
RENO, NV 89501
(775) 329-3474

STATEMENT OF YOUR ACCOUNT

FOR MONTH ENDING DECEMBER 31, 2004

Account Number [redacted]

Householding Anniv. Date
10/25/2002

Access your account at
www.morganstanley.com/online

(895116546357)
R. LBA [redacted]
JR DTD 08-21-89
2535 KINNEY LANE
RENO NV 89511-6546

DC. Jimmy Jr.

ASSET DETAILS

Your Investments

				Current Price	Value	Est Yrly Income	Current Yield
[redacted]				41.64	666.24	16.00	2.40%
				23.39	1,496.96	20.48	1.36%
7000	ETR SR 15 INT	00000	05FBRG	99.732	6,981.24		
7000	ETR SR 15 INT	00000	05AURG	98.324	6,882.68		
8000	ETR SR 11 INT	00000	06FBRG	96.687	7,734.96		
8000	ETR SR 15 INT	00000	06AURG	94.967	7,597.36		
8000	ETR SR 6 INT	00000	06NVRG	94.039	7,523.12		
8000	ETR SR 10 INT	00000	07AURG	91.344	7,307.52		
8000	ETR SR 6 INT	00000	07NVRG	90.481	7,238.48		
5000	CATS SR S INT	00000	08FBRG	89.356	4,467.81		
Total Value of Priced Investments					$57,896.37	$36.48	.06%

Custodial Holdings

		Symbol	Current Price	Date	Value	Custodian	Dividend Cap Gains Option	Fund Plan Number
44.59	LIQUID ASSET FUND	ILAF	1.00	12/31/04	44.59	MSDWT	Reinv/ N/A	029213357
957.519	[redacted]	GLRBX	13.91	12/31/04	13,319.09	MST	Reinv/Reinv	075607602
887.446	[redacted]	EUGBX	15.95	12/31/04	14,154.76	MST	Reinv/Reinv	075605367
205.209	[redacted]	AMOBX	23.07	12/31/04	4,714.17	MST	Reinv/Reinv	075596902
977.037	[redacted]	DIVBX	37.09	12/31/04	36,238.30	MST	Reinv/Reinv	075598921
Total Custodial Holdings					$68,490.91			

Investments and services are offered through Morgan Stanley DW Inc., member SIPC.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

2005 MAY 11 PM 1:42

Wayne T. Gilchrest
(Full name)

13501 Turner's Creek Rd., Kennedyville, Md., 21645 410-348-2018
(Mailing Address) (Daytime Telephone)

HAND DELIVERED

HC (Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Maryland District: First	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Wayne T. Gilchrest	May 10 - 05

Name Wayne T. Gilchrest

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	SP Mega Corp Stock					X								X										X								
DC *Examples*	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	39 shs Comcast Corp			X										X								X										
JT	42 shs Dominion Resources			X										X								X										
JT	141 shs Gen Mtrs Corp			X										X									X									
JT	~~400 shs Intel Corp~~			X										X								X										
JT	233 Units Nuveen Muni			X												X						X										
JT	125 shs Pepco Holdings			X										X								X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Wayne T. Gilchrest

Page 3 of 4

SP DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction P S E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	
JT	128 shs SBC Communicat	C	DIVIDENDS	II	
JT	725 shs Verizon Commun	D	DIVIDENDS	IV	
JT	100 shs WGL Hldgs Inc	C	DIVIDENDS	II	
JT	3404 Unit US Gov't MM	C	INTEREST	II	
JT	466 Units Allianceber	C	INTEREST	II	
JT	226 American Gr Fd	C	DIVIDENDS	II	
JT	361 American Inc Fd	C	DIVIDENDS	II	
JT	192 Amer Wa Mutual B	C	DIVIDENDS	II	
	All securities are held in street name with Morgan Stanley. All dividends and interest are paid directly to them. They, in turn, file annual federal information returns (1099) to the Gilchrests in the $ 2,501-$ 5,000 range.				
	Estate of Arthur Gilchrest (Wayne's father)	D	Bequest of decedent		

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Name Wayne T. Gilchrest

Page 4 of 4

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
JT	24 shs A T & T		X		06-25-04	X									
JT	39 shs A T & T Wireless		X		06-25-04	X									
JT	112 shs Verizon Communications		X		06-25-04	X									
JT	688.783 ubits Global Advantage Fund D		X		06-25-04	X									
JT	Time share - Lewes, De.	X			08-04-04		X								

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HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

2005 MAY 13 PM 3:09

(Office Use Only)

MC

Paul E. Gillmor
(Full Name)

7750 North County Road 51 Old Fort, OH 44861
(Mailing Address)

202-225-6405
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: OH District: 5	☐ Officer Or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes ☐ No ☑
Exemptions--	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Paul E. Gillmor	5-12-05

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SCHEDULE I - EARNED INCOME

Name Paul E. Gillmor

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Ohio	Spouse Salary	N/A
Public Employees Retirement System of Ohio	Pension	$47,188

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Paul E. Gillmor

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP	AIG - stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	American Movil - stock	$15,001 - $50,000	DIVIDENDS	$1 - $200	P
	Astro Power - stock	None	DIVIDENDS	NONE	S
	Bayshore leasing - note	None	INTEREST	NONE	S
	Bayshore leasing - stock	None	CAPITAL GAINS	$50,001 - $100,000	S
	Berkshire Hathaway	$15,001 - $50,000	DIVIDENDS	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Paul E. Gillmor

	Charles Schwab & Co margin account	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Comfort Systems - stock	$15,001 - $50,000	DIVIDENDS	NONE	P
	David Phillips note	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Dealers Alliance - stock	None	CAPITAL GAINS	$100,001 - $1,000,000	S
	DeNovo Corporation - stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Dodge & Cox Stock Fund - mutual fund	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	P
	Emerald Bank - stock	$15,001 - $50,000	DIVIDENDS	NONE	P
	EZ Color - note	$250,001 - $500,000	INTEREST	NONE	
	EZ Color - stock	None	CAPITAL GAINS	$50,001 - $100,000	S
	Fidelity Spartan Money Market - mutual fund	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	First Federal account	$1,001 - $15,000	INTEREST	$1 - $200	
	First Service - stock	$15,001 - $50,000	DIVIDENDS	NONE	
	First Solar - stock	$1 - $1,000	DIVIDENDS	NONE	
SP	FirstStar Bank - savings account	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Paul E. Gillmor

	Gillmor Family Partnership	$50,001 - $100,000	Other: (Please specify)	$1,001 - $2,500	
	Gillmor Financial Services - stock	$5,000,001 - $25,000,000	DIVIDENDS	$100,001 - $1,000,000	
	Icon Energy Fund - mutual fund	$50,001 - $100,000	DIVIDENDS	NONE	P
	Inter-Tel - stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Max & Erma's Restaurants - stock	$15,001 - $50,000	DIVIDENDS	NONE	
	National Research Corporation - stock	$15,001 - $50,000	DIVIDENDS	NONE	
	Nextel - stock	$15,001 - $50,000	DIVIDENDS	NONE	P
SP	Northwest Natural Gas - stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Oakmark Select - mutual fund	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
	Ohio Legacy	$1,001 - $15,000	DIVIDENDS	NONE	
SP	Ohio Public Employees Comp Program	$50,001 - $100,000	INTEREST	$1,001 - $2,500	
	Old Fort Bank account	$50,001 - $100,000	INTEREST	$201 - $1,000	
SP	Old Fort Bank account	$1 - $1,000	INTEREST	$1 - $200	
	Old Fort Bank IRA account	$15,001 - $50,000	INTEREST	$1,001 - $2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Paul E. Gillmor

SP	Old Fort Bank IRA account	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Paul M. Gillmor Company - stock	$250,001 - $500,000	DIVIDENDS	$5,001 - $15,000	
	Popular, Inc - stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Safety Kleen - stock	None	DIVIDENDS	NONE	S
SP	Southwest Natural Gas - stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	T. Rowe Price funds	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Universal Electronics - stock	$1,001 - $15,000	DIVIDENDS	NONE	
	Vanguard Short Term Bond Fund - mutual fund	$100,001 - $250,000	DIVIDENDS	$201 - $1,000	P
	Vanguard Total Stock Market Fund - mutual fund	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	P
	Wright-Patman Congressional Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE IV - TRANSACTIONS

Name Paul E. Gillmor

Page 7 of 10

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Dealers Alliance	S	2-4-04	$250,001 - $500,000
	EZ Color	S	10-14-04	$50,001 - $100,000
	Bayshore Leasing stock	S	10-14-04	$50,001 - $100,000
	Safety Kleen Corp.	S	12-31-04	$0
	American Movil	P	2-10-04	$15,001 - $50,000
	Berkshire Hathaway	P	3-1-04	$15,001 - $50,000
	Comfort Systems	P	3-25-04	$15,001 - $50,000
	Dodge & Cox stock fund	P	1-7-04	$50,001 - $100,000
	Emerald Bank	P	1-31-04	$15,001 - $50,000
	Vanguard Total Stock Market Index Fund	P	3-22-04	$15,001 - $50,000
	Vanguard Short Term Bond Fund	P	4-7-04	$50,001 - $100,000
	Nextel	P	3-3-04	$15,001 - $50,000

SCHEDULE IV - TRANSACTIONS

Name Paul E. Gillmor

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Icon Energy Fund	P	3-31-04	$50,001 - $100,000

SCHEDULE VIII - POSITIONS

Name Paul E. Gillmor

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Gillmor Financial Services
Director	Old Fort Banking Company
Director	EZ Color, Inc. (status terminated mid-year)
Director	Bayshore Leasing (status terminated mid-year)
Director	DeNovo Corporations
Director	Paul M. & Lucy J. Gillmor Foundation
Director	Paul. M. Gillmor Company

FOOTNOTES

Name Paul E. Gillmor

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule IV	Corporation went bankrupt; stock of no value	Safety-Kleen Corporation
2	Schedule III	Partnership income	Gillmor Family Partnership
3	Schedule III	Sale less than $1,000	Astro Power stock
4	Schedule III	balanced increased by sale of stock	Charles Schwab & Co margin account
5	Schedule III	amount of underlying loan increased	EZ Color - note
6	Schedule III	change result of drop in stock value	First Solar - stock
7	Schedule III	change result of increased value of holdings	Gillmor Family Partnership

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A

For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 5:01

(Office Use Only)

John Phillip Gingrey (Full Name)

632 N. St. Mary's Lane (Mailing Address) (202) 225-2931 (Daytime Telephone)

Marietta, GA 30064

Filer Status: [✓] Member of the U.S. House of Representatives — State: ____ District ____ | [ ] Officer or Employee — Employing Office: ____

Report Type: [✓] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [✓]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [✓]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [✓]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [✓]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [✓]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [✓]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [✓]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [✓]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [✓]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [✓]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? *	Yes [ ]	No [✓]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Phil Gingrey	5-16-05

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name _____ Page ___ of ___

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	Aim Premier Equity Fund					X											X								X							
	American Balanced Fund					X											X									X						P
	Calamos Growth & Income Fund					X											X									X						P
	Calamos Growth Fund						X										X										X					P
	Columbia Strategic Growth Fund					X								X			X									X						
	Davis New York Venture Fund						X										X										X					P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Phillip Gugrey | Page ___ of ___

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None, B $1 – $1,000, C $1,001 – $15,000, D $15,001 – $50,000, E $50,001 – $100,000, F $100,001 – $250,000, G $250,001 – $500,000, H $500,001 – $1,000,000, I $1,000,001 – $5,000,000, J $5,000,001 – $25,000,000, K $25,000,001 – $50,000,000, L Over $50,000,000	DIVIDENDS, RENT, INTEREST, CAPITAL GAINS, EXCEPTED TRUST, QUALIFIED BLIND TRUST, Other Type of Income (Specify)	I None, II $1 – $200, III $201 – $1,000, IV $1,001 – $2,500, V $2,501 – $5,000, VI $5,001 – $15,000, VII $15,001 – $50,000, VIII $50,001 – $100,000, IX $100,001 – $1,000,000, X $1,000,001 – $5,000,000, XI Over $5,000,000	P, S, E
	Delaware Trend Fund	D	CAPITAL GAINS	V	P
	Eaton Vance Worldwide Hlth Fund	E	CAPITAL GAINS	V	P
	Idex Great Companies of America Fund	D	CAPITAL GAINS	II	
	AIM Core Equity Income Fund	E	CAPITAL GAINS	V	P
	PIMCO Renaissance Fund	F	CAPITAL GAINS	VI	P
	Scudder Flag Investors Fund	D	CAPITAL GAINS	V	
	Scudder Global Fund	E	CAPITAL GAINS	VI	
	Highwood Property Stock	D	DIVIDENDS, CAPITAL GAINS	II	
	MEPC International Stock	D	DIVIDENDS, CAPITAL GAINS	II	
	News Corp. Overseas Stock	A			S
	Health Management Systems	D	CAPITAL GAINS	VI	
	Ener 1 Stock	C			
	Biogen Stock	C	DIVIDENDS, CAPITAL GAINS	IV	
	Boeing Stock	D	CAPITAL GAINS	VI	
	Coca Cola Stock	D			
	Zimmer Holdings Stock	D	CAPITAL GAINS	III	
	Citigroup Inc. Stock	D		I	
	WTS Conseco Inc. Stock	C		I	
	Conseco Inc. Stock	C		I	
	EMC Corp-Mass Stock	D	CAPITAL GAINS	IV	
	General Electric Co Stock	D	CAPITAL GAINS	V	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name | Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Liberty Media Corp Stock		X														X					X										
	Matria Healthcare Stock				X												X									X						
	Sprint Corp Stock			X										X			X								X							
	Time Warner Inc. Stock			X													X						X									
	Cadbury Schweppes Stock			X										X			X					X										
	Dillards Capital Trust Stock				X												X							X								
	Income Fund of America				X												X							X								P
SP	Coca Cola Stock				X									X									X									
SP	Wal Mart Stores Inc. Stock			X																		X										
JT	Matria Healthcare	X															X							X								S
JT	Community Bank of the South stock					X											X							X								
	Schwab Money Market Fund			X													X					X										
	Coca Cola Enterprises Stock			X																	X											
	Home Depot, Inc. Stock			X													X						X									
	Vanguard Healthcare Stock				X												X								X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Phillip Gingrey | Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	
SP	BG Properties Adrian Place - Atlanta, GA Old Hwy 5 - Canton, GA	F	RENT	VI	
	Church Street Properties Church St, Marietta, GA	I	RENT	VII	
	Courtyard Properties Courtyard St. - Auburn, AL	H	RENT	VII	
	West Cobb Properties Dallas Hwy - Marietta, GA	F	RENT	VII	
	GMB Properties Alexander Street - Marietta, GA	G	RENT	VII	
	North Carolina Ave, SE Washington, DC 20003	H	RENT	VI	P

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SCHEDULE IV — TRANSACTIONS

Name John Phillip Gingrey | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	American Balanced Fund	X			04-22-04		X								
	Calamos Growth and Income Fund	X			02-03-04		X								
	Calamos Growth Fund	X			02-03-04		X								
	Calamos Growth Fund	X			02-18-04	X									
	Calamos Growth Fund	X			03-04-04		X								
	Calamos Growth Fund	X			03-16-04	X									
	Calamos Growth Fund	X			04-22-04		X								
	Calamos Growth Fund	X			05-17-04	X									
	Davis New York Venture Fund	X			02-08-04	X									
	Davis New York Venture Fund	X			03-04-04	X									
	Davis New York Venture Fund	X			04-22-04	X									
	Davis New York Venture Fund	X			05-17-04	X									
	Davis New York Venture Fund	X			09-22-04	X									
	Davis New York Venture Fund	X			10-22-04		X								
	Eaton Vance Worldwide Health Fund	X			02-03-04	X									
	Eaton Vance Worldwide Health Fund	X			03-04-04	X									

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SCHEDULE IV — TRANSACTIONS

Name | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	Eaton Vance Worldwide Health Fund	X			03-16-04	X									
	Delaware Trend Fund	X			03-04-04	X									
	AIM Care Equity Fund	X			03-05-04	X									
	AIM Care Equity Fund	X			03-16-04	X									
	PIMCO Renaissance Fund	X			03-04-04	X									
	PIMCO Renaissance Fund	X			03-16-04	X									
	Biogen Common Stock	X			03-11-04	X									
	Zimmer Holdings Common Stock	X			02-18-04		X								
	News Corp Overseas Preferred Stock		X		11-12-04		X								
	Income Fund of America	X			03-18-04		X								
JT	Matria Healthcare		X		08-27-04	X									
	North Carolina Ave, SE Washington, DC 20003	X			05-02-04						X				

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Name John Phillip Gingrey | Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Southern National Bank Marietta, GA	Home Equity Loan 632 N. St. Mary's Lane, Marietta, GA			X							
	Charter Bank Marietta, GA	Mortgage on Office Building Marietta, GA Church Street				X						
	Community Bank of The South Smyrna, GA	Mortgage on Office Building Dallas Hwy., Marietta, GA					X					
	Citibank Commercial Real Estate San Francisco, CA	Mortgage on rented Apts. Alexander Street, Marietta, GA			X							
	Accia Federal Savings & Loan Falls Church, VA	Mortgage on home Washington, DC North Carolina Ave SE						X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 8–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	South Atlantic Association of Dermatologists	Jan 18, 2004	Atlanta - Ft Lauderdale - Atlanta	N	N	N	N
	American Academy of Dermatology	Feb 8, 2004	Atlanta - D.C. - Atlanta	N	N	N	N
	Chinese International Economic & Cooperation Association (CIECA)	Nov 30 - Dec 4 2004	Atlanta - Taiwan - Rep. of China - Atl	Y	Y	Y	N

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Name John Phillip Gingrey | Page ___ of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Partner	GMB Properties
Partner	Church Street Properties
Partner	Courtyard Properties
Partner	West Cobb Properties

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2005 98-729 (mac)

Use additional sheets if more space is required.

PHIL GINGREY
11TH DISTRICT, GEORGIA

RULES COMMITTEE
POLICY COMMITTEE

119 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-2931 Phone
(202) 225-2944 Fax

Congress of the United States
House of Representatives
Washington, DC 20515

DISTRICT OFFICES

219 ROSWELL STREET
MARIETTA, GA 30060
(770) 429-1776

600 EAST 1ST STREET
ROME, GA 30161
(706) 290-1776

267 NEWNAN STREET, SUITE A
CARROLLTON, GA 30117
(770) 836-9130

LAGRANGE, GA
(706) 812-1776

COLUMBUS, GA
(706) 320-2040

June 8, 2005

Hon. Jeff Trandahl
Clerk of the House of Representatives
H154 The Capitol
Washington, DC 20515

MC ✓

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 JUN -8 PM 3:26
U.S. HOUSE OF REPRESENTATIVES

RE: 2004 Financial Disclosure Statement for Calendar Year 2004

Dear Mr. Trandahl,

Please accept this letter as an amendment to my 2004 financial disclosure that was filed on May 17, 2005. The following asset should be added to Schedule III in the disclosure statement.

Marietta Outpatient Surgery, LTD
Marietta, GA 30060
Year-End Value of Asset: $100,001-$250,000
Type of Income: Dividends and Interest
Amount of Income: $15,001-$50,0000
There were no transactions on this asset in 2004.

The above information was not included on my 2004 disclosure due to an administrative oversight.

Sincerely,

Phil Gingrey

Phil Gingrey, M.D.
Member of Congress

PG:mh

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY 12 PM 3:01
U.S. HOUSE OF REPRESENTATIVES

CHARLES A. GONZALEZ
(Full Name)

206 E. LOCUST, SAN ANTONIO, TX 78212
(Mailing Address)

202-225-3236
Daytime Telephone:

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: District:	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Charles A. Gonzalez	May 12, 2005

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name CHARLES A. GONZALEZ | Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in unearned income during the year. For mutual funds, certain pension or annuities. Provide "fair market value" of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds by reporting threshold and the income earned for the year-end. For an IRA or retirement plan that is not self-directed, name the financial institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude your personal residence (unless there is rental income), any debt owed to you by your spouse or by your or your spouse's child, jewelry or stamps, any deposits totaling $5,000 or less in personal savings accounts. Any financial interest in or income derived from U.S. government-sponsored retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets please the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S) or exchanged (E) in reporting year.

Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
	A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P or S or E
SP				
DC Examples	Indefinite	Royalties		P
JT	X	X	X	
CONGRESSIONAL FEDERAL CU	X	X	X	

For additional assets and unearned income, use next page.

Name CHARLES A. GONZALEZ

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	NONE														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	BANK OF AMERICA OF WILMINGTON, DELAWARE	CREDIT CARD	X									
	BANK OF AMERICA OF WILMINGTON, DELAWARE	CREDIT CARD	X									
	CONGRESSIONAL FEDERAL CREDIT UNION	UNSECURED LOAN		X								
	BECKY WHETSTONE OF SAN ANTONIO, TX	PERSONAL LOAN		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C —Chicago—Wash., D C	N	N	N	N
Examples: Hoycroft Corporation	Aug. 6-11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
ALL KINDS OF MINDS	MAR. 12-15	WASH, DC-NEW YORK-WASH, DC	Y	N	N	3 DAYS
CHINESE INT'L ECON. & COOP. ASSOC	NOV. 5-11	SAN ANTONIO, TX - TAIWAN, ROC-SAN ANTONIO, TX	Y	Y	N	N
CONSUMER ELECTRONICS ASSOC	JAN 7-11	SAN ANTONIO, TX - LAS VEGAS NV - SAN ANTONIO, TX	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE OFFICER 7
2005 MAY 11 PM 3:29
HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

Virgil H. Goode, Jr.
(Full Name)
90 East Church Street
(Mailing Address)
Rocky Mount, VA 24151
Daytime Telephone 202-225-4711

Filer Status	[X] Member of the U.S. House of Representatives — State VA District 5th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Virgil H. Goode, Jr.	5-11-05

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Name Virgil H. Goode, JR.	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Executor Fee on Aunt's Estate - Approved by Ethics Committee		$ 17,350.00

Name Virgil H. Goode, Jr.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X									X									P
Examples:	Simon & Schuster		Indefinite																	Royalties								X				
JT	1st Bank of Paducah, KY accounts						X									X									X							
	2acres with old office Rt. 2, Rocky Mount, VA					X														None												
	1/2 interest in 50 acres Rt. 3, Ferrum, VA 24088				X															None												
	lot and office - 235 S. Main St. Rocky Mount, VA					X														None												
	1/2 interest - 3 lots Kohler Rt. 1, Fieldale, VA 24089			X																None												
	1/2 interest in 200 acres in house and land Rt. 2, Rocky Mount, VA with sister						X													None												
	1/2 interest with sister 28 acres, Rt. 1, Henry, VA			X																None												SOLD

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Name Virgil H. Goode, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
		A None; B $1,001 - $15,000; C $15,001 - $50,000; D $50,001 - $100,000; E $100,001 - $250,000; F $250,001 - $500,000; G $500,001 - $1,000,000; H $1,000,001 - $5,000,000; I $5,000,001 - $25,000,000; J $25,000,001 - $50,000,000; K Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	
	1/2 interest with sister in 2 acres at Henry	B: X; RENT: X; III: X			
	1/2 interest with sister in 7.78 acres in BRD in Franklin County, VA	C: X	Other Type of Income: None	I: X	
	combined checking/saving Suntrust Bank	E: X; INTEREST: X; III: X			
SP	Altria Stock	C: X; DIVIDENDS: X; III: X			
	Suntrust Stock	G: X; DIVIDENDS: X		VI: X	
	Cardinal Stock	D: X; DIVIDENDS: X; III: X			
	Capital One Stock	E: X; DIVIDENDS: X; III: X			
	Peoples Bank Stock	C: X; DIVIDENDS: X; III: X			
	Central Natl. Bank Stock		Other Type of Income: None	I: X	
	Shenandoah Natl. Bank Stock	C: X; DIVIDENDS: X		II: X	
	Patriot Bank Stock	C: X; DIVIDENDS: X		II: X	
	Vanguard Municipal Bond Fund	E: X; INTEREST: X; IV: X			
SP	Suntrust combined checking saving	C: X; INTEREST: X; II: X			
	Wachovia	F: X; DIVIDENDS: X; IV: X			
SP	Vanguard Municipal Bond Fund	D: X; INTEREST: X; III: X			
	J.P. Morgan-Chase Common Stock	D: X; DIVIDENDS: X; III: X			
	Henry County Plywood Stock	C: X; DIVIDENDS: X		II: X	sold worthless

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Virgil H. Goode, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	ATT Stock	B X	DIVIDENDS X	II X	
	Lucent Technologies Stock	C X	DIVIDENDS X; Other Type of Income: None	I X	
	Barrick	C X	DIVIDENDS X	II X	sold
	~~[illegible]~~				purchase
	~~BB and T~~	E X	DIVIDENDS X	III X; IV X	
	Wheat First(IRA)	C X	INTEREST X	III X	
	Suntrust (IRA)	C X	INTEREST X	III X	
	Congressional Fed. Credit Union	C X	INTEREST X	II X	
	Chesapeake Bay Bond	C X	INTEREST X	III X	
	~~[illegible]~~				
	Federal Thrift Savings Plan	E X; F X	DIVIDENDS X	V X	
	American Electric Power	E X	DIVIDENDS X	VI X	
	Occidental Petroleum	D X; E X	DIVIDENDS X	III X; IV X	
	DCH Technology	B X	Other Type of Income: None	I X	
	Dimon	C X	DIVIDENDS X	II X	sold
	Exxon	D X; E X	DIVIDENDS X	III X; IV X	
	Ballard Power	C X	Other Type of Income: None	I X	
	Coca-Cola Stock	F X	DIVIDENDS X	IV X	
JT	Main Street Bank	C X	Other Type of Income: None	I X	
	~~[illegible]~~				
	Allegheny Energy	D X	DIVIDENDS X; Other Type of Income: NONE	I X; III X	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Virgil H. Goode, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	[redacted]																															
	Agere Sys			X										X						None	X											
	ATT Wireless			X										X						None	X											sold
	Charter Communications			X										X						None	X											
	Corning			X										X						None	X											
	R.J. Reynolds					X								X						[redacted]					X							
	Va Public School Authority			X												X							X									
	Comcast			X																None	X											
	Powhatan Co. Bond															X								X								
	Ford Motor				X									X									X									[redacted]
	[redacted]																			None												
	~~Franklin Com Bank~~				X											X							X									deposit
	El Paso				X									X										X								[redacted]
	Altria					X								X										X								[redacted]
	Dan River		X																	NONE												bought

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SCHEDULE IV — TRANSACTIONS

Name Virgil H. Goode Jr | Page 1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
	½ interest in 28 Acres, Henry, VA		X		1-30-04	X									
	Barrick Gold		X		1-7-04	X									
	Dimon		X		5-6-04	X									
	ATT Wireless		X		10-27-04 12-27-04	X									
	Henry Co. Plywood		X		9-2-04	worthless									
	Dan River	X			Aug 04	less than 1,000.00									
	BBT	X			Aug 04	X									

This page may be copied if more space is required.

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

2005 MAY 16 P.1 5:52

MC

(Office Use Only)

Robert W Goodlatte
(Full Name)

3725 Dogwood Lane SW Roanoke, VA 24015
(Mailing Address)

202.225.5431
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative	State: VA District. 06	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification

I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief

Signature of Reporting Individual: Bob Goodlatte

Date (Month, Day, Year): 5-16-05

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SCHEDULE I - EARNED INCOME

Name Robert W. Goodlatte

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Glenn, Feldman, Darby and Goodlatte, P.C., Roanoke, VA	Spouse Salary	N/A
RGC Resources, Inc	Spouse Directors Compensation	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert W. Goodlatte

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	American Fund Tax Exempt Bonds	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
SP	Glenn Feldman Darby and Goodlatte	$15,001 - $50,000	DIVIDENDS	NONE	
JT	Independent Natl Mortgage Corp CT	$1,001 - $15,000	INTEREST	$1,001 - $2,500	
JT	Black Rock Equity TR (Old name: State St. Res Equity TR)	$15,001 - $50,000	DIVIDENDS	$1 - $200	
JT	Centnl MM TR AG Edwards	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Centnl MM TR AG Edwards IRA	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert W. Goodlatte

	Templeton Foreign Fund IRA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000
	Investment Co Of America IRA	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
	UTS Government Secs Inc IRA	$15,001 - $50,000	INTEREST	$1 - $200
SP	Legg Mason Cash Account 401K	$100,001 - $250,000	INTEREST	$201 - $1,000
JT	MFS Virginia Muni Bond Fund	$15,001 - $50,000	INTEREST	$1,001 - $2,500
JT	T Rowe Price Int Stock Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
DC	Wachovia Bank	$1,001 - $15,000	INTEREST	$201 - $1,000
	Valley Bank Roanoke CD	$15,001 - $50,000	INTEREST	$1,001 - $2,500
DC	NBC Bank Savings & Checking	$15,001 - $50,000	INTEREST	$201 - $1,000
JT	NBC Bank Savings	$50,001 - $100,000	INTEREST	$201 - $1,000
JT	T Rowe Price S&P Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
SP	RGC Resources	$15,001 - $50,000	DIVIDENDS	$5,001 - $15,000
SP	Eaton Vance Ltd Duration 401k	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
SP	First Eagle Global Fund 401k	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert W. Goodlatte

JT	Wachovia Bank, Roanoke, VA-Savings	$1,001 - $15,000	INTEREST	$1 - $200
JT	Bank of America, Roanoke, VA - Savings	$1,001 - $15,000	INTEREST	$1 - $200
JT	First Citizens Bank, Roanoke, VA - Savings/Checking	$50,001 - $100,000	INTEREST	$1,001 - $2,500
	First Citizens Bank, Roanoke, VA - Savings	$50,001 - $100,000	INTEREST	$1,001 - $2,500
	Suntrust Bank, Roanoke, VA IRA	$1,001 - $15,000	INTEREST	$201 - $1,000
SP	Suntrust Bank, Roanoke, VA	$1,001 - $15,000	INTEREST	$201 - $1,000
JT	Greenwood Trust Co., DE	$1,001 - $15,000	INTEREST	$1 - $200
	Mass Mutual Life - Life Insurance	$1,001 - $15,000	DIVIDENDS	$1 - $200
SP	Duff Phelps Utilities 401K	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500
SP	Guardian Park Ave, 401K	$15,001 - $50,000	DIVIDENDS	$1 - $200
JT	Valley Bank Roanoke, VA - Checking	$1 - $1,000	INTEREST	NONE
SP	Bond Fund of America 401k	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500
SP	New Persp Fund 401K	$50,001 - $100,000	DIVIDENDS	$201 - $1,000
SP	New York Venture Fund 401K	$15,001 - $50,000	DIVIDENDS	$1 - $200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert W. Goodlatte

SP	Bankers Trust Market Lnk 401k	$15,001 - $50,000	INTEREST	NONE
SP	Seligman Communications	$50,001 - $100,000	DIVIDENDS	NONE
DC	Valley Bank, Roanoke, VA CD	$15,001 - $50,000	INTEREST	$1 - $200
	Janus Fund IRA	$15,001 - $50,000	DIVIDENDS	NONE
SP	Fifth Third Bancorp IRA	$1,001 - $15,000	DIVIDENDS	$201 - $1,000
SP	GNMA Government Security IRA	$1 - $1,000	DIVIDENDS	$1 - $200
SP	Merrill Lynch Fund Growth - IRA	$15,001 - $50,000	DIVIDENDS	NONE
SP	Washington Mutual Investment Fund - IRA	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
SP	Merrill Lynch Retr Res IRA	$1 - $1,000	INTEREST	$1 - $200
SP	Nicholas Fund IRA	$1,001 - $15,000	DIVIDENDS	NONE

SCHEDULE IV - TRANSACTIONS

Name Robert W. Goodlatte

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	GAM International Funds 401K	S	12-13-04	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Robert W. Goodlatte

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Cellular Telephone Industry Assoc	June 11-13	Hot Springs, VA	Y	Y	Y	None
Dairy Farmers of America	Aug 20	Roanoke, VA-Clovis, NM-Portales, NM-Clovis, NM	N	Y	N	1 day
Croplife of America Conference	Sept 4-6	White Sulphur Springs, WV	Y	Y	Y	None
Virginia Council of Farmer Co ops	Oct 12	Richmond, VA	Y	Y	N	None
Ripon Educational Fund	Nov 6-12	Dulles, VA-Budapest, Hungary-Dulles, VA	Y	Y	Y	None
Natl Foundation for Women Lefislators	Nov 20-23	Washington, DC-Sarasota, FL-Washington, DC	Y	Y	Y	None

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Barton Jennings Gordon
(Full Name)

940 E. Northfield Blvd.
Murfreesboro, TN 37130
(Mailing Address)

(202) 225-4231
Daytime Telephone

INSIDE MAIL

MC

2005 JUN -6 AM 11:54

(Office Use Only)

Filer Status [X] Member of the U.S. House of Representatives — State: TN District: 6 — [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $265 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $265 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Barton J. Gordon	6/3/05

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Name	Page
Barton J. Gordon	2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Korn/Ferry International	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S) or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	Block E: Transaction
SP	Mega Corp. Stock					X								X										X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	Wright Patman CU				X											X							X									
	Smith Barney IRA (A)																				X											
SP	Fidelity 401 (k) - S&P Index Fund						X														X											
SP	Korn/Ferry - Options								X												X											P,S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Barton J. Gordon

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
SP	Korn Ferry Wealth Acc Plan				X																X											
SP	Northwest Mutual Life Ins				X																X											
SP	Smith Barney - FMA (B)																															
DC	Smith Barney -Ed. Savings (C)																															
DC	Smith Barney - UTMA (D)																															
SP	Smith Barney Asset Mgmt. Large Cap Growth					X								X										X								
JT	Smith Barney - FMA (cash)					X										X							X									
SP	Smith Barney Asset Mgmt. Multi-cap Growth						X							X			X						X									
SP	Smith Barney Asset Mgmt. All Cap Value Balanced						X							X		X	X								X							
DC	Smith Barney Irrev. Trust (E)																															
	Feingold O'Keefe Bond Fund Hedge Fund, Boston MA								X					X		X	X									X						
JT	Park Center Partnership Maryland Farms Office Park Brentwood, TN							X							X	X									X							
SP	Credit Suisse First Boston (F)																															
	Centre Capital Investors				X										X	X					X											P
SP	Wells Fargo Deferred Compensation (G)																															

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Barton J. Gordon

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-04		X								
SP	Korn Ferry Stock	X	X		Various							X			
SP	Target	X	X		9-29-04		X								
SP	UTS SPDR TRUST SER 1	X			3-19-04	X									
SP	JP Morgan Chase & Co.	X			11-19-04		X								
SP	Strips - Tints Generic Int. Pmt	X			12-09-04	X									
DC	Sherman Texas Indpt Sch Dist	X			12-09-04	X									
DC	Texas Tpk Au Central	X			12-09-04	X									
SP	Apache Corp	X			9-29-04		X								
SP	Boston Scientific Corp.	X			9-29-04		X								
SP	Comcast Corp New Class A	X			9-29-04		X								
SP	Dell Inc.	X			9-29-04		X								
SP	Genzyme Corp General Division	X			9-29-04		X								
SP	JP Morgan Chase & Co.	X			9-29-04		X								
SP	Schlumberger Ltd Com	X			9-29-04		X								

This page may be copied if more space is required.

Name Barton J. Gordon | Page 6 of 6

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
SP	Texas Instruments Inc.	X			12-03-04		X								
SP	MFS Total Return Fund	X			7-1-04		X								
SP	Wells Fargo S&P Index Fund	X			7-1-04		X								
SP	Russell 2000 Value Index	X			7-1-04		X								
SP	Wells Fargo Conservative Hedge Fund	X			7-1-04		X								
SP	Wells Fargo Diversified Hedge Fund	X			7-1-04		X								
	Centre Capital Investors	X			Various		X								

This page may be copied if more space is required.

ATTACHMENT A - SMITH BARNEY IRA

SP, DC, JT	ASSET	VALUE OF ASSET											TYPE OF INCOME							AMOUNT OF INCOME										TRANSACTION
		NONE	$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER	NONE	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	DATE
	CITIBANK NA (CASH)			X												X						X									
	JTS SPDR TRUST SER 1			X										X								X									
	ALLIANCE BERNSTEIN GROWTH & INCOME FUND			X										X								X									
	ALLIANCE BERNSTEIN GLOBAL TECHNOLOGY FUND			X																	X										
	SMITH BARNEY AGGRESSIVE GROWTH FUND			X																	X										
	SMITH BARNEY SMALL CAP VALUE FUND			X																	X										
	SMITH BARNEY FUNDAMENTAL VALUE FUND			X																	X										
	SMITH BARNEY MID CAP CORE FUND			X																	X										
	SMITH BARNEY LARGE CAPITALIZATION GROWTH FUND			X																	X										

ATTACHMENT B - SMITH BARNEY FMA

SP, DC, JT	ASSET	VALUE OF ASSET												TYPE OF INCOME							AMOUNT OF INCOME											TRANSACTION
		NONE	$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,00	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUS	OTHER	NONE	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	P,S, E
SP	CITIBANK NA BANK DEPOSIT (CASH)					X										X								X								
SP	CITIBANK NEVADA (CASH)					X										X								X								
SP	CITIBANK FSB (CASH)					X										X								X								
SP	CITIBANK (WEST) FSB (CASH)					X										X								X								
SP	CISCO			X																	X											
SP	CITIGROUP INC				X											X								X								
SP	CREDIT SUISSE GROUP				X											X						X										
SP	GOLDMAN SACHS GROUP			X												X						X										
SP	HOME DEPOT			X										X								X										
SP	INTEL CORP			X										X								X										
SP	IBM			X										X								X										
SP	KEYCORP			X										X									X									
SP	KORN FERRY								X												X											S
SP	KRAFT FOODS				X									X									X									
SP	LIBERTY MEDIA CORP			X																	X											
SP	LIBERTY MEDIA INT'L INC		X																		X											
SP	MCDATA CORP CLASS A		X																		X											
SP	MERRILL LYNCH & CO INC			X										X								X										
SP	MORGAN STANLEY				X									X									X									
SP	PFIZER			X										X								X										
SP	PROCTER & GAMBLE			X										X								X										
SP	ST. PAUL TRAVELERS			X										X								X										

ATTACHMENT B - SMITH BARNEY FMA

SP, DC, JT	ASSET	VALUE OF ASSET											TYPE OF INCOME						AMOUNT OF INCOME									TRANSACTION
		NONE	$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,00	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUS	NONE	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	P S E
SP	SMUCKER J M CO		X										X							X										
SP	WACHOVIA CORP			X									X								X									
SP	NASDAQ 100 TRUST SER 1			X									X							X										
SP	UTS SPDR TRUST SER 1				X								X								X									
SP	TIERS PRINCIPAL PROTECTED ASSET			X															X											

ATTACHMENT C - SMITH BARNEY EDUCATION SAVINGS

SP, DC, JT	ASSET	VALUE OF ASSET												TYPE OF INCOME							AMOUNT OF INCOME										TRANSACTION
		NONE	$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,00	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUS	OTHER	NONE	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	P,S, E
DC	CITIBANK NA (CASH)		X													X						X									
DC	UTS SPDR TRUST SER 1			X										X								X									

ATTACHMENT D - SMITH BARNEY UTMA

SP, DC, JT	ASSET	VALUE OF ASSET											TYPE OF INCOME							AMOUNT OF INCOME											TRANSACTION	
		NONE	$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER	NONE	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	P	S	E
SP	CITIBANK NA (CASH)		X													X						X												
SP	JP MORGAN CHASE				X									X									X									P		
SP	UTS SPDR TRUST SER 1				X									X									X											
SP	STRIPS-TINTS GENERIC INT PYMT			X												X						X										P		

ATTACHMENT E - SMITH BARNEY IRREV. TRUST

SP, DC, JT	ASSET	VALUE OF ASSET												TYPE OF INCOME							AMOUNT OF INCOME											TRANSACTION
		NONE	$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,00	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUS	OTHER	NONE	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	P,S, E
DC	CITIBANK NA (CASH)				X											X							X									
DC	SHERMAN TEX INDPT SCH DIST			X												X						X										P
DC	TEXAS TPK AU CENTRAL			X												X						X										P

ATTACHMENT F - CREDIT SUISSE FIRST BOSTON

SP, DC, JT	ASSET	VALUE OF ASSET												TYPE OF INCOME						AMOUNT OF INCOME												TRANSACTION
		NONE	$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	OTHER	NONE	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	P,S, E
SP	ALLIANCE BERNSTEIN INSTL GOVT C MONEY MARKET (CASH)							X								X								X								P
SP	APACHE CORP				X									X								X										P
SP	BOSTON SCIENTIFIC CORP				X																X											P
SP	COMCAST CORP NEW CL A				X																X											P
SP	DELL INC				X																X											P
SP	GENZYME CORP				X																X											P
SP	JP MORGAN CHASE				X									X									X									P
SP	SCHLUMBERGER LTD				X									X									X									P
SP	TEXAS INSTRUMENTS				X									X								X										P

ATTACHMENT G - WELLS FARGO DEFERRED COMPENSATION

SP, DC, JT	ASSET	VALUE OF ASSET												TYPE OF INCOME							AMOUNT OF INCOME											TRANSACTION
		NONE	$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,00	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUS	OTHER	NONE	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	P,S, E
SP	MFS TOTAL RETURN FUND				X									X							X											P
SP	WELLS FARGO S&P 500 INDEX FUND				X									X							X											P
SP	RUSSELL 2000 VALUE INDEX				X									X							X											P
SP	WELLS FARGO CONSERVATIVE HEDGE FUND				X									X							X											P
SP	WELLS FARGO DIVERSIFIED HEDGE FUND				X									X							X											P

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCES ...
MC 2005 JUN 14 PM 12 56
(Office Use Only)

N. Kay Granger
(Full Name)

715 Jones Street Fort Worth, TX 76102
(Mailing Address)

202-225-5071
(Daytime Telephone)

Filer Status ☑ Member of the U.S. House of Representatives — State: TX District: 12 ☐ Officer Or Employee — Employing Office

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑ No ☐	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief		6-14-05

1499

SCHEDULE I - EARNED INCOME

Name N. Kay Granger

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
G & R Insurance Agency, Inc Fort Worth, TX	Policy Renewal	$58,500
Health Care Services Corp	Policy Renewal	$7,110
Golden Rule Insurance Co	Policy Renewal	$575

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name N Kay Granger

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Real Time with Bill Mayer	Interview	Aug 6, 2004	$800

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name N. Kay Granger

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Summit Bank Fort Worth, TX	$15,001 - $50,000	None	NONE	
G & R Insurance Agency Fort Worth, TX	$500,001 - $1,000,000	DIVIDENDS	NONE	
Granger Real Estate Management, LLP Fort Worth, TX	$1 - $1,000	None	NONE	
Granger Real Estate, LLP 4702, 4704, 4706, 4708 Washburn 1612, 1616 Kenley Fort Worth, TX	$100,001 - $250,000	None	NONE	
Jones Street Investments, Inc Fort Worth, TX	$500,001 - $1,000,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name N. Kay Granger

	Northwestern Mutual Retirement Fund	$50,001 - $100,000	DIVIDENDS	NONE
	Davis New York Venture (retirement)	$1,001 - $15,000	None	NONE
	Dreyfus Midcap Index Fund (retirement)	$1,001 - $15,000	None	NONE
	Lord Abbett Development	$1,001 - $15,000	None	NONE
	Managers International Equity Fund (retirement)	$1,001 - $15,000	None	NONE
	Pimco Total Return Fund (retirement)	$1,001 - $15,000	None	NONE
	Royce Total Return Fund (retirement)	$1,001 - $15,000	None	NONE
	White Oak Growth Stock Fund (retirement)	$1,001 - $15,000	None	NONE
	Hugoton Royalty Trust (retirement)	$1,001 - $15,000	None	NONE
	UBS Retirement Money Fund (retirement)	$15,001 - $50,000	None	NONE
	ING International Value Fund (retirement)	$1,001 - $15,000	None	NONE
	Oppenheimer Real Asset Fund (retirement)	$1,001 - $15,000	None	NONE
	UBS Bank USA Dep Acct	$1,001 - $15,000	None	NONE

SCHEDULE IV - TRANSACTIONS

Name N. Kay Granger

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Hugoton Royalty Trust (retirement reinvestmet)	Other	Quarterly	$1,001 - $15,000
	Oppenheimer Real Asset Fund (retirement reinvestment)	Other	Quarterly	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name N. Kay Granger

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Summit Bank Fort Worth, TX	Business Loan to Jones Street Investments, Inc	$250,001 - $500,000
	Bank One Fort Worth, TX	Mortgage loan on 4702, 4704, 4706, 4708 Washburn and 1612, 1616 Kenley Fort Worth, TX	$100,001 - $250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name N. Kay Granger

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Lockheed	Jul 8	Fort Worth to DC	N	N	N	N/A

SCHEDULE VIII - POSITIONS

Name N. Kay Granger

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member of the Board	Juvenile Diabetes Foundation of Tarrant County
Member of the Board	Horses and America's Youth (HAY)
Member of the Advisory Board	Girls Choir
Member of the Advisory Committee	Fort Worth Public Library Foundation
Member of the Advisory Board	Terrant Area Food Bank
Member of the Advisory Board	Children's Education Fund
Member of the Advisory Board	Teenage Republicans of Texas
Honorary Congressional Steering Committee	Green Thumb, Inc "National Prime Time Awards"
Member of the Honorary Committee	The Enterprise Foundation
Host Committee	Botanical Research Institute of Texas
Member of Planning Committee	Aviation Museum
Member	Texas Women's Alliance

SCHEDULE VIII - POSITIONS

Name N. Kay Granger

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Emeritus Member	Women in Government Relations, Alexandria, VA
Member of the Advisory Council	Habitat for Humanity, Fort Worth area
Steering Committee	Downtown Fort Worth, Inc
Member of the Advisory Board	National Cowgirl Hall of Fame and Museum, Fort Worth, TX
Member of the Steering Committee	Intermodal Transportation Committee, Fort Worth, TX
Member of the Advisory Board	American University Women and Politics Institute

SCHEDULE IX - AGREEMENTS

Name N. Kay Granger

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
2004	I continue to receive commissions from policies sold before my election to Congress and I am covred by the health plan from G & R Insurance Agency, Inc	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY 11 PM 2:49
HAND DELIVERED
(Office Use Only)

Samuel Bruce "Sam" Graves, Jr.
(Full Name)

110 S. 10th Street
(Mailing Address)

(202) 225-7041
Daytime Telephone

Tarkio, Missouri 64491

Filer Status	[X] Member of the U.S. House of Representatives — State: Missouri District: Sixth (6)	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 13, 2005

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honorana, list only the source for other spouse earned income exceeding $1,000

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Tarkio, Missouri R-1 School District	Teachers Salary of spouse, Lesley J. Graves	

For payments to charity in lieu of honoraria, use Schedule II.

Name Samuel B. "Sam" Graves, Jr.	Page 3 of 16

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S) or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset (A: None; B: $1 - $1,000; C: $1,001 - $15,000; D: $15,001 - $50,000; E: $50,001 - $100,000; F: $100,001 - $250,000; G: $250,001 - $500,000; H: $500,001 - $1,000,000; I: $1,000,001 - $5,000,000; J: $5,000,001 - $25,000,000; K: $25,000,001 - $50,000,000; L: Over $50,000,000)	Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Amount of Income (I: None; II: $1 - $200; III: $201 - $1,000; IV: $1,001 - $2,500; V: $2,501 - $5,000; VI: $5,001 - $15,000; VII: $15,001 - $50,000; VIII: $50,001 - $100,000; IX: $100,001 - $1,000,000; X: $1,000,001 - $5,000,000; XI: Over $5,000,000)	Transaction (P, S, E)
SP	Mega Corp. Stock	E: X	DIVIDENDS: X	VI: X	P
DC	Examples: Simon & Schuster	Indefinite	Other Type of Income: Royalties	IX: X	
JT	1st Bank of Paducah, KY accounts	F: X	INTEREST: X	VI: X	
JT	Sam Graves Farms: Clark Township & Tarkio Township, Archison County, MO	G: X	RENT: X	VIII: X	
JT	Rydex Mutual Funds/OTC Index Fund	C: X	DIVIDENDS: X	II: X	
JT	Janus Mercury Fund	C: X	DIVIDENDS: X; CAPITAL GAINS: X	II: X	
JT	Janus Enterprise Fund	B: X	DIVIDENDS: X; CAPITAL GAINS: X	II: X	
JT	Janus Strategic Value Fund	C: X	DIVIDENDS: X; CAPITAL GAINS: X	II: X	

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Samuel B. "Sam" Graves, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
JT	Janus Global Technology Fund		X											X			X					X										
JT	Oracle Corporation			X										X								X										
JT	Cisco Corporation		X											X								X										
JT	E-Trade Checking Account				X											X							X									
JT	Golden Triangle Energy Cooperative			X																			X									
JT	Small Town Investment Club			X										X			X					X										P, S *
JT	Farm Equipment & Machinery				X																											
JT	Firstar Bank 2 Checking Accounts				X											X						X										
JT	State of Missouri Retirement System	X												X							X											
	Thrift Savings Plan Federal Government			X																	X											
JT	Home Depot			X										X							X											
JT	Nokia Corporation			X										X																		P
JT	Time Warner, Inc.			X										X																		P
JT	EMC Corporation	X															X															S

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-04		X								
	See Attached Schedule 1, Schedule K-1, and Summary of equities purchased and sold and Ameritrade Brokerage Statement for December 31, 2004, for Small Town Investment Club	X	X			X									
JT	EMC Corporation		X		4-29-04	X									
JT	Nokia Corporation	X			4-29-04	X									
JT	Time Warner, Inc.	X			4-29-04	X									

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SCHEDULE I (Cont.)

Small Town Investment Club

Interest of Samuel B. "Sam" Graves, Jr., in Small Town Investment Club **11.1%**

1. Ameritrade Brokerage Statement for year ending December 31, 2004
2. Department of Treasury Schedule K-1 for Small Town Investment Club
3. Summary of equities purchased and sold; the dates therefor; and the purchase or sale price for Small Town Investment Club

Sam runs 1/4 of the account; Smalltown Investment Club

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Name Samuel B. "Sam" Graves, Jr.

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Transactions | **Statements** | Confirmations | Tax Documents

View statement for:

DECEMBER 2004 View

Current delivery preference

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Duplicate tax document

Annual trade summary

Account Statement Provisions

11/27/2004-12/31/2004 Account Statement Printer-friendly version Open in new window

AMERITRADE

DIVISION OF AMERITRADE INC
PO BOX 2209
OMAHA NE, 68103-2209
800-669-3900

SIPC

Account No.	Your Representative	Statement Period
162 - 879274	BB	11/27/2004-12/31/2004

SMALL TOWN INVESTMENT CLUB
PRTNRSHP
ATTN: ROBERT L KOCH
PARTNERSHIP
25147 190 ST
TARKIO, MO 64491-9118

VIEW LIQUIDITY LIKE NEVER BEFORE! QUOTESCOPE(TM) ENABLES YOU TO VISUALIZE MARKET INFORMATION AT A GLANCE AND PLACE TRADES WITH JUST ONE CLICK. IT'S ONLY AVAILABLE AT AMERITRADE!

Account Summary As Of 12/31/2004 Client Accounts Protected Up To $25,000,000

Portfolio Summary

	Current Month Value	% of Long Value
Stocks	$58,930	100.0
*Long Market Value	$58,930	100.0
Cash Account (1) Balance	$174	
*Net Account Value	$59,104	
*Total Equity	$59,104	

*Excludes unpriced securities(NP)

Money Balance Summary

Account Type	Opening Balance	Closing Balance
Cash Account (1)	$354.56	$173.57
Net Cash Balance	$354.56	$173.57
Total Money Balance	$354.56	$173.57

Income Summary

Description	Current	Year to Date

Name Samuel "Sam" Graves, Jr. Page 9 of 16

Ordinary Dividends	$15.09	$160.01
Interest Income Credit Balance	.00	0.01
Long Term Capital Gains	36.00	107.00
Cash Liquidation	.00	0.03
QUALIFIED DIVIDENDS	70.55	362.90

Security Positions

Acct Type	Quantity	Description	Ticker Symbol	Market Price	Market Value
1	20	ALLIANT TECH SYS COM	ATK	$65.38	$1,308
1	120	AMERICAN HEALTHWAYS INC COM	AMHC	33.04	3,965
1	40	APPLE COMPUTER INC COM	AAPL	64.40	2,576
1	100	ARMOR HOLDINGS INC COM	AH	47.02	4,702
1	30	BARNES & NOBLE INC COM	BKS	32.27	968
1	50	BERRY PETE CO CL A	BRY	47.70	2,385
1	25	BIOSITE INC COM	BSTE	61.54	1,539
1	35	CITIGROUP INC COM	C	48.18	1,686
1	12	GAMESTOP CORP-CL B W/I CLASS B	GME B	22.41	269
1	100	GENERAL ELECTRIC CO COM	GE	36.50	3,650
1	50	HARLEY DAVIDSON INC COM	HDI	60.75	3,038
1	200	LEVEL 3 COMMUNICATIONS INC COM	LVLT	3.39	678
1	50	LOWES COS INC COM	LOW	57.59	2,880
1	100	PLUM CREEK TIMBER CO INC COM	PCL	38.44	3,844
1	20	RYLAND GROUP INC COM	RYL	57.54	1,151
1	43	SPDR TR UNIT SER 1	SPY	120.87	5,197
1	20	HENRY SCHEIN CORP COM	HSIC	69.64	1,393
1	47	UNITED PARCEL SERVICE CL B	UPS	85.46	4,017
1	65	WAL-MART STORES COM	WMT	52.82	3,433
1	1	WORLDCOM INC MCI GROUP COM	MCWEQ	0.00	0
1	50	YANKEE CANDLE CO COM	YCC	33.18	1,659
1	28	EVEREST REINSURANCE HLDGS INC COM	RE	89.56	2,508
1	100	GARMIN, LTD COM	GRMN	60.84	6,084
		Total Account Value			**$58,930**

Account Activity

Trade Date	Settle Date	Description	Quantity	Price /Rate	Debit	Credit
		OPENING BAL CASH ACCOUNT				**$354.56**
11/30/2004	11/30/2004	DIV/INT PLUM CREEK TIMBER CO INC COM Payable: 11/30/2004 Long Term Cap Gains 36.00				36.00
11/30/2004	11/30/2004	DIV/INT GAMESTOP CORP-CL B W/I CLASS B REORGANIZATION CREDIT CASH IN LIEU Payable: 11/15/2004				17.51
11/30/2004	11/30/2004	RECEIVED RYLAND GROUP INC COM Stock Div/Split on 10 Shares 2 FOR 1 STOCK SPLIT Payable: 11/30/2004	10			
12/02/2004	12/02/2004	DIV/INT SPDR TR UNIT SER 1 Payable: 12/02/2004 Ordinary Dividends 15.09				15.09
12/03/2004	12/03/2004	DIV/INT PFIZER INC COM Payable: 12/03/2004 QUALIFIED DIVIDENDS 17.00				17.00
12/07/2004	12/07/2004	CASH REC'D CASH RECEIPT				100.00
12/07/2004	12/07/2004	CASH REC'D CASH RECEIPT				300.00
12/07/2004	12/07/2004	CASH REC'D CASH RECEIPT				100.00
12/07/2004	12/07/2004	CASH REC'D CASH RECEIPT				100.00
12/07/2004	12/07/2004	CASH REC'D CASH RECEIPT				200.00
12/07/2004	12/07/2004	CASH REC'D LAW OFFICE OF ZEL M. FISHER				300.00
		SELL				

Name Samuel B. "Sam" Graves, Jr. Page 10 of 16

12/03/2004	12/08/2004	PFIZER INC COM	100	28.59		2,847.94
12/03/2004	12/08/2004	SELL E PRIME AEROSPACE CORP N/C 10-87 WAS BANGOR INVTS COR	1000	0.0081	2.90	
12/03/2004	12/08/2004	SELL GENENTECH INC COM	50	50.4		2,508.95
12/07/2004	12/10/2004	BUY BERRY PETE CO CL A	50	45.57	2,289.49	
12/07/2004	12/10/2004	BUY AMERICAN HEALTHWAYS INC COM	100	31.65	3,175.99	
12/10/2004	12/15/2004	BUY GARMIN, LTD COM	23	56.42	1,308.65	
12/15/2004	12/15/2004	DIV/INT GARMIN, LTD COM Payable: 12/15/2004 QUALIFIED DIVIDENDS 38.50				38.50
12/17/2004	12/17/2004	DIV/INT EVEREST REINSURANCE HLDGS INC COM Payable: 12/17/2004 QUALIFIED DIVIDENDS 2.80				2.80
12/29/2004	12/29/2004	DIV/INT BERRY PETE CO CL A Payable: 12/29/2004 QUALIFIED DIVIDENDS 6.00				6.00
12/29/2004	12/29/2004	DIV/INT HARLEY DAVIDSON INC COM Payable: 12/29/2004 QUALIFIED DIVIDENDS 6.25				6.25
		CLOSING BAL CASH ACCOUNT				**$173.57**
		Total Account Balance				**$173.57**

Statement of Interest Credited				
Begin Date	Credit Balance	Number of Days	Interest Rate	Interest Credited
12/08/2004	$5,894.15	2	0.1	$0.04
Total Interest to Be Credited				**$0.04**

Disclosures

ABSENT SPECIFIC CUSTOMER DIRECTION, STOCK AND OPTION ORDERS ARE ROUTED VIA AN ELECTRONIC MATRIX TO A LISTED, NASDAQ, OR OVER-THE-COUNTER AGENT, OR OPTIONS EXCHANGE, DEPENDING UPON THE SECURITY BEING TRADED. ADVANCED CLEARING OR THE INTRODUCING BROKER MAY RECEIVE CASH PAYMENT FOR ROUTING SUCH CUSTOMER STOCK OR OPTION ORDERS FOR EXECUTION TO CERTAIN AGENTS ON SPECIFIC LISTED, NASDAQ, OVER-THE-COUNTER, OR OPTION SECURITIES. BECAUSE THESE AGENTS ARE MARKET MAKERS, THEY CARRY INVENTORY IN THEIR SPECIFIC SECURITIES, ALLOWING FOR PRICE IMPROVEMENT TO THE RETAIL CUSTOMER BY TRADING THROUGH THEIR INVENTORY. ACCORDINGLY, FOR STOCKS, THE CUSTOMER'S ORDER IS ALWAYS EXECUTED AT THE "BEST OFFER", "BEST BID", OR AT A PRICE SUPERIOR TO EITHER. FOR OPTIONS, THE CUSTOMER'S ORDER IS ALWAYS EXECUTED WITHIN THE PREVAILING QUOTE AT ONE OF THE OPTIONS EXCHANGES.

KEEP THIS STATEMENT FOR INCOME TAX PURPOSES

THE ABOVE PRICES ARE PROVIDED ONLY AS A GENERAL GUIDE TO VALUE YOUR PORTFOLIO. CURRENT QUOTATIONS ARE AVAILABLE THROUGH YOUR BROKER. CERTIFICATES OF DEPOSIT ARE PRICED AT PAR. SALE PRIOR TO MATURITY MAY RESULT IN A LOSS OF PRINCIPAL. MORTGAGE BACKED POSITIONS ARE VALUED USING THE REMAINING BALANCE AND THE CURRENT MARKET PRICE.

EQUITY AND OPTION POSITIONS IN BRADY CORP, CLEVELAND-CLIFFS INC, LEUCADIA NATIONAL CORP, MOBILE TELESYSTEMS, NATIONAL DENTEX CORP, QUANEX CORP, REALTY INCOME CORP AND SUMMIT BANCSHARES INC, WHICH ARE SCHEDULED TO SPLIT WITH EX-DIVIDEND DATES OF 01/03/2005, ARE REFLECTED AFTER THE EFFECTS OF THE SPLIT IN THE SECURITY POSITIONS AND ACCOUNT ACTIVITY SECTIONS OF THIS STATEMENT.

----------ANTI-MONEY LAUNDERING REQUIREMENTS----------

----- THE USA PATRIOT ACT -- THE USA PATRIOT ACT IS DESIGNED TO DETECT, DETER, AND PUNISH TERRORIST IN THE UNITED STATES AND ABROAD. THE ACT IMPOSES ANTI-MONEY LAUNDERING REQUIREMENTS ON BROKERAGE FIRMS AND FINANCIAL INSTITUTIONS. ALL BROKERAGE FIRMS ARE REQUIRED TO HAVE COMPREHENSIVE ANTI-MONEY LAUNDERING PROGRAMS. TO HELP YOU UNDERSTAND THESE EFFORTS, WE WANT TO PROVIDE YOU WITH SOME INFORMATION ABOUT MONEY LAUNDERING AND OUR STEPS IMPLEMENTING THE USA PATRIOT ACT.

---------- ---------- ----------

----- WHAT IS MONEY LAUNDERING? -- MONEY LAUNDERING IS THE PROCESS OF DISGUISING ILLEGALLY OBTAINED MONEY SO THAT THE FUNDS APPEAR TO COME FROM LEGITIMATE SOURCES OR ACTIVITIES. MONEY LAUNDERING OCCURS IN CONNECTION WITH A WIDE VARIETY OF CRIMES, INCLUDING ILLEGAL ARMS SALES, DRUG TRAFFICKING,

Sam owes 1/9

Name Samuel B. "Sam" Graves, Jr. Page 11 of 16

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Quotes Status: Delayed Express Trading: Disabled Fri May 06 2005 2:37:03 PM EDT

Home > Account: History > **Transactions**

Transactions | Statements | Confirmations | Tax Documents

Type: Buys

Symbol(s):

(separate symbols with commas)

View last: 1 day 7 days 14 days 60 days

View date/range

from: January 1 2004

to: December 31 2004 View or Download

Account Balances

1/1/2004 Cash balance $5

12/31/2004 Cash balance

Net change -$5

Request Account Document

Duplicate statement

Duplicate trade confirmation(s

Duplicate tax document

Annual trade summary

Search results for 1/1/2004 to 12/31/2004 Printer-friendly

Date/Time	Description	Amount	Net Cash Balance
01/09/2004 10:49:32	Bought 37 GRMN @ 57.07	-2,122.58	---
01/09/2004 10:51:32	Bought 12 SPY @ 113.15	-1,368.79	---
02/13/2004 09:30:16	Bought 20 AMHC @ 30.045	-611.89	---
03/05/2004 10:39:22	Bought 30 BKS @ 34.74	-1,053.19	---
04/02/2004 09:45:18	Bought 100 AH @ 35.55	-3,565.99	---
04/02/2004 09:46:21	Bought 25 DNA @ 110.20	-2,765.99	---
05/07/2004 09:30:21	Bought 25 PFE @ 36.32	-918.99	---
07/02/2004 09:30:02	Bought 25 BSTE @ 44.01	-1,111.24	---
07/07/2004 09:30:33	Bought 35 C @ 45.23	-1,594.04	---
09/09/2004 09:30:08	Bought 40 GRMN @ 40.05	-1,612.99	---
11/09/2004 09:33:12	Bought 20 ATK @ 62.34	-1,257.79	---
12/07/2004 12:33:43	Bought 50 BRY @ 45.57	-2,289.49	---
12/07/2004 12:38:15	Bought 100 AMHC @ 31.65	-3,175.99	---
12/10/2004 09:31:48	Bought 23 GRMN @ 56.42	-1,308.65	---

Sam owns + 9

Name Samuel B. "Sam" Graves, Jr. Page 12 of 16

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Transactions | Statements | Confirmations | Tax Documents

Type: Sells

Symbol(s):
(separate symbols with commas)

View last: 1 day 7 days 14 days 60 days

View date/range

from: January 1 2004

to: December 31 2004 View or Download

Account Balances

1/1/2004 Cash balance $

12/31/2004 Cash balance

Net change -$5

Request Account Document

Duplicate statement

Duplicate trade confirmation(s

Duplicate tax document

Annual trade summary

Search results for 1/1/2004 to 12/31/2004 Printer-friendly

Date/Time	Description	Amount	Net Cash Balance
01/09/2004 10:38:14	Sold 50 MSFT @ 27.80	1,378.94	---
01/09/2004 10:39:30	Sold 50 LUV @ 15.54	765.97	---
03/05/2004 09:30:09	Sold 30 EASI @ 53.39	1,590.64	---
03/05/2004 09:37:26	Sold 50 WM @ 44.85	2,231.42	---
04/02/2004 09:38:58	Sold 50 AHH @ 28.99	1,438.47	---
12/03/2004 09:30:31	Sold 100 PFE @ 28.59	2,847.94	---
12/03/2004 09:32:47	Sold 1000 EPEA @ 0.0081	-2.90	---
12/03/2004 09:33:13	Sold 50 DNA @ 50.40	2,508.95	---

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Name Samuel B. "Sam" Graves, Jr. Page 13 of 16

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Schedule K-1 (Form 1065) **2004**

Department of the Treasury Internal Revenue Service

Tax year beginning 01-01, 2004 and ending 12-31, 20 04

Partner's Share of Income, Deductions, Credits, etc.

▶ See separate instructions.

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0099

Part I Information About the Partnership

A Partnership's employer identification number
43-1838546

B Partnership's name, address, city, state, and ZIP code
SMALL TOWN INVESTMENT CLUB
ROBERT L. KOCH
25147 190TH STREET
TARKIO MO 64491

C IRS Center where partnership filed return
OGDEN

D ☐ Check if this is a publicly traded partnership (PTP)

E ☐ Tax shelter registration number, if any

F ☐ Check if Form 8271 is attached

Part II Information About the Partner

G Partner's identifying number
486-78-2780

H Partner's name, address, city, state, and ZIP code
SAMUEL BRUCE GRAVES
110 S 10TH
TARKIO MO 64491

I [X] General partner or LLC member-manager ☐ Limited partner or other LLC member

J [X] Domestic partner ☐ Foreign partner

K What type of entity is this partner? INDIVIDUAL

L Partner's share of profit, loss, and capital:

	Beginning		Ending	
Profit	10.000000	%	11.111000	%
Loss	10.000000	%	11.111000	%
Capital	10.000000	%	11.111000	%

M Partner's share of liabilities at year end:
Nonrecourse . . . . . $
Qualified nonrecourse financing . . . . $
Recourse . . . . . $

N Partner's capital account analysis:
Beginning capital account . . . . . $
Capital contributed during the year . . . $
Current year increase (decrease) . . . . $
Withdrawals & distributions . . . . . $ ( )
Ending capital account . . . . . $

☐ Tax basis ☐ GAAP ☐ Section 704(b) book
☐ Other (explain)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)

2 Net rental real estate income (loss)

3 Other net rental income (loss)

4 Guaranteed payments

5 Interest income

6a Ordinary dividends 57

6b Qualified dividends 51

7 Royalties

8 Net short-term capital gain (loss) 43

9a Net long-term capital gain (loss) (118)

9b Collectibles (28%) gain (loss)

9c Unrecaptured section 1250 gain

10 Net section 1231 gain (loss)

11 Other income (loss)

12 Section 179 deduction

13 Other deductions

14 Self-employment earnings (loss)

15 Credits & credit recapture

16 Foreign transactions

17 Alternative minimum tax (AMT) items

18 Tax-exempt income and nondeductible expenses

19 Distributions

20 Other information
A 57

*See attached statement for additional information.

For IRS Use Only

For Privacy Act and Paperwork Reduction Act Notice, see Instructions for Form 1065.

Schedule K-1 (Form 1065) 2004

GEA

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Farmers State Bank, Tarkio, Missouri	Mortgage on Farm 1 (115 acres)	X									
	Farmers State Bank, Tarkio, Missouri	Mortgage on Farm 2 (240 acres)			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
Stanley Herzog/Herzog LLC	One-way air transportation from Florida to Kansas City, Missouri, after attending the Busch Grand National (NASCAR) Race with a group of friends. A group of friends including myself and Mr. Herzog attended this sporting event in a plane owned by his limited liability company. I only accompanied the group on the return trip. (Determination on personal friendship received from Committee on Standards.)	In excess of $290
Stanley Herzog/Herzog LLC	One-way air transportation to Pensacola, Florida, based on personal friendship. (Determination on personal friendship received from Committee on Standards.)	In excess of $278

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Association of American Railroads	November 7-10, 2004	Kansas City, Missouri to Palm Beach, Florida; Palm Beach, Florida to Kansas City, Missouri	Y	Y	N	N

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Owner	Sam Graves Farms
Member	Small Town Investment Club

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
2000	State of Missouri, Deferred Compensation Plan	Optional deferred compensation plan whereby State of Missouri matches individual contribution of $25 or less (Investment in American Century Ultra Mutual Fund) (Rolled over or exchanged into Thrift Savings Plan)
2000	State of Missouri Employment Retirement System	State of Missouri Employee Retirement Program as a member of the Missouri General Assembly

Use additional sheets if more space is required

HAND DELIVERED

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

Alexander Green
(Full Name)

7447 Cambridge, #109 Houston, TX 77054
(Mailing Address)

(202) 225-7508
Daytime Telephone:

(Office Use Only)

Filer Status ☑ Member of the U.S. House of Representatives — State: TX District: 9th — Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) — Amendment — Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? Yes ☐ No ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☑ No ☐
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief

Signature of Reporting Individual: Alexander Green

Date (Month, Day, Year): May 16, 2005

SCHEDULE I - EARNED INCOME

Name: Alexander Green

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Law Offices of Benjamin L. Hall, III, LLP	Legal Services	$1,135,031
State of Texas Texas County and Retirement System	Pension	$88,869.42

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Alexander Green

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Unity National Bank Houston, Texas	$100,001 - $250,000	INTEREST	$1,001 - $2,500	
Hibernia National Bank Houston, TX	$100,001 - $250,000	INTEREST	$201 - $1,000	
7447 Cambridge, #105 Houston, TX	$100,001 - $250,000	RENT	$5,001 - $15,000	
7447 Cambridge, #107 Houston, TX	$100,001 - $250,000	RENT	$5,001 - $15,000	
7447 Cambridge, #124 Houston, TX	$50,001 - $100,000	RENT	$5,001 - $15,000	
Morgan Stanley Houston, TX (Money Market Checking Account)	$50,001 - $100,000	INTEREST	$201 - $1,000	

Morgan Stanley IRA SEP Houston, TX	$15,001 - $50,000	Morgan Stanley Proprietary Fund/Mutual Fund - American Opportunities Fund	$15,001 - $50,000	
Texas County & District Retirement System	$1,000,001 - $5,000,000	Pension	NA/$88,869.42(Schedule 1)	
Harris County, Texas Deferred Compensation Program	$100,001 - $250,000	Self Directed Pension Program: Variable Annuity Mutual Fund- SEI Index Fund S&P 500, American Century Ultra IC	NA	

SCHEDULE V - LIABILITIES

Name Alexander Green

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Hibernia National Bank Houston, TX	Personal Loan	$100,001 - $250,000

SCHEDULE IX - AGREEMENTS

Name Alexander Green

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
April 14, 2003	Law Offices of Benjamin L. Hall, III, LLP Houston, TX Roberson v. Alexander	Deferred Compensation for legal services earned prior to entering Congress
January 31, 2004	Texas County & District Retirement System	Defined Benefit Plan
September 19, 1995	Harris County, Texas Deferred Compensation Program	Deferred Compensation Pension Account

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

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1532

Raymond Eugene 'Gene' Green
(Full Name)

P O Box 16128 Houston, TX 77222-6128 — 281-999-5879
(Mailing Address) — Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: TX, District: 29	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑ No ☐
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Raymond Eugene 'Gene' Green	05/11/05

SCHEDULE I - EARNED INCOME

Name Raymond Eugene 'Gene' Green

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Employees Retirement System	Legislative Pension	$42,195.12
Teacher Retirement System	Spouse Pension	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Raymond Eugene 'Gene' Green

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Bank of America	$50,001 - $100,000	INTEREST	$201 - $1,000	
JT	Chase Bank (IRA's)	$50,001 - $100,000	INTEREST	NA	
JT	Aldine Teachers' Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Prudential Financial	$100,001 - $250,000	INTEREST & SPOUSE DEFERRED COMP	NA	
JT	Planters Bank (IRA's)	$50,001 - $100,000	INTEREST	NA	
JT	Prudential Financial	$1,001 - $15,000	INTEREST & DIVIDEND	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Raymond Eugene 'Gene' Green

JT	20.049 Acres Rural Land, Montgomery County, TX	$15,001 - $50,000	Other: None	NONE	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Raymond Eugene 'Gene' Green

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Consumer Electronics Assn	Jan. 8-11	Houston-Las Vegas- Houston	Y	Y	Y	N/A
International Longshoremen's Assn	Feb. 28-29	Houston-Biloxi-Houston	Y	Y	Y	N/A
Maritime Trades Dept.	Mar. 4-5	Houston-Ft. Lauderdale-Houston	Y	Y	Y	N/A
Cellular Telecom & Internet Assn	Mar 21-23	Houston-Atlanta-Washington, DC	N	Y	Y	N/A
Natl Cable & Telecom Assn	May 1-3	Houston-New Orleans-Houston	Y	Y	Y	N/A
Aspen Institute	June 27-July 2	Houston-Lausanne, Switzerland-Houston	Y	Y	Y	N/A
Assn of American Railroads	Nov 7-10	Houston-West Palm Beach, FL-Houston	Y	Y	Y	N/A

SCHEDULE IX - AGREEMENTS

Name Raymond Eugene 'Gene' Green

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
05/90	International Typographical Union	Pension Upon Retirement

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 12:20 MC

(Office Use Only)

Mark Andrew Green
(Full Name)

4369 Touchstone Drive, Oneida, WI 54155
(Mailing Address)

920-437-1954
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: WI District 8	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Mark Green	5/12/05

1538

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Mark Green	Page 3 of 11

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S) or exchanged (E) in reporting year

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P S E
SP. / DC. / JT.	SP Mega Corp Stock	E: X	DIVIDENDS: X	IV: X	P
	Examples: Simon & Schuster	B: Indefinite	Other Type of Income: Royalties		
	1st Bank of Paducah, KY accounts	F: X	INTEREST: X	VI: X	
	LMG Property Mgmt., a Wisconsin General Partnership holding titles to 3 rental properties; Green holds 1/3 interest.				
	182 I-27 Frank St., Green Bay	E: X	DIVIDENDS: X; INTEREST: X	V: X	
	1790 7th St., Green Bay	E: X	DIVIDENDS: X; INTEREST: X	V: X	
	408-410 Stevens St., " "	E: X	DIVIDENDS: X; INTEREST: X	V: X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark Green

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	FlexFunds Money Market	C	DIVIDENDS	II	S
	Scudder Inv. Total Return-IRA	C	CAPITAL GAINS	II	
	Thrift Savings Plan	E			
	American Funds—				
	• Europacific Growth	D	DIVIDENDS; INTEREST	III	
	• Growth Fund of America	E	DIVIDENDS; INTEREST	III	
	• Washington Mutual	D	DIVIDENDS; INTEREST; CAPITAL GAINS	III	
	• Capital Income Builder	D	CAPITAL GAINS	III	
	Putnam Allstate Var. Annuity	D			P; S 1035 Exchange
	American Legacy/Lincoln Annuity	D			S 1035 Exchange
	Gannett	D	DIVIDENDS; INTEREST	III	
	General Electric	B	DIVIDENDS; INTEREST	II	
	WI Retirement System	D			
	Putnam Growth + Income Fd.	C	DIVIDENDS	II	S
	Wis. Deferred Compensation Prog.				
	• Fid Contra Fund	D	DIVIDENDS; INTEREST		
	• Janus Fund	D	DIVIDENDS; INTEREST		
	• Vanguard Instl Idx Plus	D	DIVIDENDS; INTEREST		
	Susan Green IRA Rollover—				
	• Washington Mutual Invs.	C	DIVIDENDS	II	
	Coca Cola	B	DIVIDENDS	II	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark Green

Page 6 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	R. Baird Rollover IRA consisted of—																															
	• MFS SER TR II Growth			X																												S
	• MFS SER TR I Tech			X																												
	• MFS CAP Opportunities			X																												
	• Mass Inv. Growth Stock			X																												
	• Mass. Inve. Tr.			X																												
	R. Baird Rollover IRA consists of—																															
	• Capital Income Builder			X																												P
	• Fundamental Invrs. Inc.			X																												
	• Growth Fund America—			X																												
	VSP College America 529S—																															
	• Europacific			X																												
	• Growth Fund			X																												
	• Fundamental Invs.			X																												
	MI. State Muni. Bond			X												X							X									
	Milwaukee Muni. Bond			X																O coupon bond												
	Washoe County NV Muni. Bond			X												X							X									
	Maricopa AZ IDA			X																												P
	Southeast WI Prof. Bsball				X															O coupon bond												P
	Pacific Life Annuity—																															
	• AIM			X																												
	• Goldman Sachs			X																												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark Green

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	(Pacific Life Continued)																															
	• Janus			X																												
	• Lazard			X																												
	• MFS			X																												
	• Mercury Advisors			X																												
	• Oppenheimer Funds			X																												
	• PIMCO				X																											
	• Particle Tg			X																												
	• Salomon Brothers			X																												
	• Van Kampen			X																												
	Mark's Roth IRA –																															
	• Capital Income Bldr			X																												
	• Growth Fund America			X																												
	Sue's Roth IRA –																															
	• Capital Income Bldr			X																												
	• Growth Fund of America			X																												

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SCHEDULE IV — TRANSACTIONS

Name Mark Green

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-04		X								
SP	Scudder Investment Total Return Fund		X		3/23/04	X									
DC	Capital Income Builder/American Funds	X			3/16/04		X								
	Europacific Growth (Proceeds reinvested within American Funds)		X		3/16/04	X									
	Growth Fund of America		X			X									
	Washington Mutual		X			X									
SP	Putnam Var./Allstate Annuity (1035 Exchange)		X		1/30/04		X								
SP	American Legacy/Lincoln Annuity (1035 Exchange)		X		4/9/04		X								
JT	Putnam Growth + Income Fund		X		3/18/04	X									
SP	MFS – SER TR II Growth + TRI Tech + Cap. Opportunities		X		3/4/04	X									
	Mass – Inv Growth Stock and Mass Invs. Tr.		X			X									
	Capital Income Bldr Fund A	X				X									
	Fundamental Inv. America CL A	X				X									
	Growth Fund America Inc CL A	X				X									
JT	Maricopa AZ 1 DA	X			8/2/04	X									
JT	Southeast Wi. Prof. Bsball	X			8/2/04		X								
JT	Pacific Life Annuity (Put above 1035 Exchange added to this existing annuity)	X			1/30 or 4/9/04		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Associated Bank Green Bay	mortgage on 3 rental properties for LLC Property Management				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	LMG Property Management, a Wisconsin general partnership

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

2005 MAY 16 AM 9:38 MC

(Office Use Only)

Raul Manuel Grijalva
(Full Name)

408 W Ohio Street Tucson, AZ 85714
(Mailing Address)

202.225.2435
Daytime Telephone

Filer Status ☑ Member of the U S House of Representatives — State: AZ — District 07 ☐ Officer Or Employee — Employing Office

Termination Date

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C app 4, § 104 and U S C § 1001)

Certification

I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief

Signature of Reporting Individual: Raul Manuel Grijalva

Date (Month, Day, Year)

1549

SCHEDULE I - EARNED INCOME

Name Raul Manuel Grijalva

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
City of Tucson	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Raul Manuel Grijalva

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	3426 S. 9th Avenue Tucson, AZ	$50,001 - $100,000	RENT	NONE	Other
SP	ALCOA, Inc	$1,001 - $15,000	DIVIDENDS	NONE	PS
SP	AMGEN, Inc	$1,001 - $15,000	CAPITAL GAINS	NONE	PS
	Arizona State Retirement System	$1,001 - $15,000	INTEREST	$1 - $200	Other
SP	Centerpoint Energy, Inc	$1,001 - $15,000	CAPITAL GAINS	$1 - $200	PS
SP	Dillards Capital Trust	$1,001 - $15,000	CAPITAL GAINS	$1 - $200	PS

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Raul Manuel Grijalva

SP	EMULEX Corp, New	$1,001 - $15,000	CAPITAL GAINS	NONE	PS
SP	Flextronics International, LTD	$1,001 - $15,000	CAPITAL GAINS	$201 - $1,000	PS
SP	International Game Technology	$1,001 - $15,000	CAPITAL GAINS	NONE	PS
SP	MicroChip Technology, Inc	$1,001 - $15,000	CAPITAL GAINS	NONE	PS
SP	Progress Energy, Inc	$1,001 - $15,000	CAPITAL GAINS	NONE	PS
	Public Safety Personnel Retirement System; Phoenix, AZ	$15,001 - $50,000	INTEREST	$1 - $200	Other
SP	State Street Research Globak Resources FD Class A	$1,001 - $15,000	CAPITAL GAINS	$1,001 - $2,500	P
SP	Tucson Supplemental Retirement System; Tucson, AZ	$50,001 - $100,000	INTEREST	$5,001 - $15,000	Other

SCHEDULE IV - TRANSACTIONS

Name Raul Manuel Grijalva

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	State Street Research Globak Resources FD Class A	PS	12/23/03 - 5/7/04	$1,001 - $15,000
SP	AMGEN, Inc	PS	10/29/03 - 5/7/04	$1,001 - $15,000
SP	Centerpoint Energy, Inc	PS	10/29/03 - 5/7/04	$1,001 - $15,000
SP	Dillards Capital Trust	PS	10/30/03 - 8/20/04	$1,001 - $15,000
SP	EMULEX Corp, New	PS	5/7/04 - 12/23/04	$1,001 - $15,000
SP	International Game Technology	PS	7/23/04 - 12/27/04	$1,001 - $15,000
SP	MicroChip Technology, Inc	PS	2/2/04 - 12/9/04	$1,001 - $15,000
SP	Progress Energy, Inc	PS	5/4/04 - 6/9/04	$1,001 - $15,000
SP	State Street Research Global Resources FD Class A	PS	12/23/03 - 5/7/04	$1,001 - $15,000
SP	ALCOA, Inc	PS	8/20/04 - 12/23/04	$1,001 - $15,000
SP	Flextronics International, LTD	PS	1/5/04 - 12/23/04	$1,001 - $15,000

SCHEDULE V - LIABILITIES

Name Raul Manuel Grijalva

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Wright Patman Federal Credit Union	Washington, DC	$10,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Raul Manuel Grijalva

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
RangeNet 2004 Conference	Nov 11-12	Tucson, AZ – Alberquerque, NM – Washington, DC	Y	Y	Y	2 days

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY -4 PM 1:48
HAND DELIVERED
(Office Use Only)

Rep. Gil Gutknecht
(Full Name)
425 Cannon Office Bldg
Washington, DC 20515
(Mailing Address)
202-225-2472
Daytime Telephone

Filer Status [X] Member of the U.S. House of Representatives — State: MN District: 1 — [ ] Officer or Employee — Employing Office:

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	/S/ Gutknecht	04/30/05

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Aldrich Nursery School	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	$1 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	$1 – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock						X							X										X								P
	Simon & Schuster			Indefinite																Royalties								X				
	1st Bank of Paducah, KY accounts							X								X										X						
JT	AT&T wireless stock	X															X							X								S
JT	SCSS stock			X													X				X											P
JT	Bell South stock					X								X										X								
JT	Lucent stock			X													X				X											
JT	Fastenal stock				X									X								X										
JT	Nasdaq 100 stock			X													X				X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gil Gutknecht

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
JT	IDLM.OB stock	C $1,001 – $15,000	CAPITAL GAINS	None	
JT	Affinity Plus Cred. union	D $15,001 – $50,000	INTEREST	IV $2,501 – $5,000	
JT	Wells Fargo Bank	D $15,001 – $50,000	INTEREST	III $1,001 – $2,500	
JT	Sterling Bank	C $1,001 – $15,000	INTEREST	II $201 – $1,000	
JT	Garage 325 C ST NE Washington DC	D $15,001 – $50,000	DIVIDENDS	IV $2,501 – $5,000	
JT	Thrivent Financial	D $15,001 – $50,000	INTEREST	III $1,001 – $2,500	
	SCSS stock (IRA)	C $1,001 – $15,000	CAPITAL GAINS	None	
	Fastenal - IRA	C $1,001 – $15,000	DIVIDENDS	II $201 – $1,000	
	Templeton Gr. - IRA	D $15,001 – $50,000	reinvested	NA	
	Oppen. Main St. - IRA	C $1,001 – $15,000	reinvested	NA	
	Morgan Stanley money mkt IRA	C $1,001 – $15,000	INTEREST	II $201 – $1,000	
	MN. State Retire. Def. Comp	C $1,001 – $15,000	CAPITAL GAINS	None	
	MN. State Retire. Pension	No specific value			
SP	BKYI - IRA	D $15,001 – $50,000	CAPITAL GAINS	None	
SP	Templeton Gr. - IRA	C $1,001 – $15,000	reinvested	NA	
SP	TIAA-CREF (retire)	C $1,001 – $15,000	CAPITAL GAINS	None	

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SCHEDULE IV — TRANSACTIONS

Name Gil Gutknecht

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
JT	Select Comfort (SCSS) stock	X			7-26-04	X									
	Select Comfort (SCSS) stock (IRA)	X			7-26-04	X									
JT	AT&T wireless stock		X		10/26-04	X									

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	JFK Harvard School of Govt	Jan. 15-17	Wash, DC - W Palm FL - Wash DC	Y	Y	Y	N
	Intl. Dairy Foods Association	Jan. 17-20	" (one trip)	Y	Y	Y	1 day
	German Chamber of Comm. BDI	Feb 18-20	Did not include air fare	Y	Y	N	N
	Global Atlanticists	Apr. 3-4	Travel was at personal expense to Warrenton, VA	Y	Y	Y	N
	Association of former members of Congress	Aug. 21-27	Travel was at personal expense to St. Paul, MN	Y	Y	Y	N

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2005 MAY -5 AM 11:40

U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A

For use by Members, officers, and employees

Ralph M. Hall
(Full Name)

2405 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-6673
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: TX, District: 4th	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Ralph M. Hall	5-4-05

1562

SCHEDULE I - EARNED INCOME

Name Ralph M. Hall

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Texas	Legislative Pension	$53,493

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Ralph M. Hall

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Crowley Holding Company Crowley, Texas Banking	$250,001 - $500,000	DIVIDENDS	$15,001 - $50,000	
Lakeside Bancshares, Inc. Rockwall, Texas Banking	$500,001 - $1,000,000	DIVIDENDS	$15,001 - $50,000	
Lakeside National Bank Rockwall, Texas Banking	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
North & East Trading Company Rockwall, Texas Real Estate	$250,001 - $500,000		NONE	
HT Development, Inc. Rockwall, Texas Commercial Real Estate	$1,001 - $15,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Ralph M. Hall

	HT Development LP Rockwall, Texas Commercial Real Estate	$250,001 - $500,000	RENT	$100,001 - $1,000,000	
	152 Acres Hunt County, Texas Farm	$100,001 - $250,000		NONE	
SP	22 Acres Kaufman & Henderson County, Texas Rural Land	$15,001 - $50,000		NONE	
	310 E. Capital Street NW, Apt. A, Washington, DC Residence	$100,001 - $250,000		NONE	
	1500 Sunset Hill Rockwall, Texas Residence	$250,001 - $500,000		NONE	
	4 Acres Sunset Hill Rockwall, Texas Residence	$100,001 - $250,000		NONE	
	Oil Interest Caddo Parrish, La	$1,001 - $15,000		NONE	

SCHEDULE V - LIABILITIES

Name Ralph M. Hall

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	American Bank Sherman, Texas	Crowley Holding Company Bank Stock Loan	$50,001 - $100,000
	American Bank Sherman, Texas	Mortgage 4 Acres Sunset Hill Rockwall, Texas	$50,001 - $100,000
	North & East Trading Company Rockwall, Texas	Business Borrowing	$100,001 - $250,000

SCHEDULE VIII - POSITIONS

Name Ralph M. Hall

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman & Director (unpaid)	Crowley Holding Company Crowley, Texas
Chairman & Director (unpaid)	Bank of Crowley Crowley, Texas
Presidnet & Director (unpaid)	Lakeside Bancshares, Inc. Rockwall, Texas
Chairman & Director (unpaid)	Lakeside National Bank Rockwall, Texas
Chairman & President (unpaid)	North & East Trading Company Rockwall, Texas
Chairman & Director (unpaid)	Linrock, Inc. Rockwall, Texas
Director & President (unpaid)	HT Development, Inc. Rockwall, Texas
Limited Partner	HT Development Ltd. Rockwall, Texas

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY 13 AM 11:07
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

JANE HARMAN
(Full Name)

2321 E ROSECRANS BOULEVARD SUITE 3270 EL SEGUNDO CALIFORNIA 90245 — 310-643-3636
(Mailing Address) — Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 36th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Jane Harman	5/12/05

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	HARMAN INTERNATIONAL INDUSTRIES INC	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JANE HARMAN

BLOCK A — Asset and/or Income Source

Identify: (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC, *Examples:*	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	BANK ACCOUNTS:																															
JT	City National Bank Beverly Hills CA							X								X						X										
JT	Citibank New York NY				X											X						X										
	EQUITIES:																															
SP	Harman International Industries-Common												X	X															X			
SP	Harman International Industries-Options												X								X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JANE HARMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
JT	Medical Specialties Int'l Inc-Common	A X		I X	Worthless
	Putnam International Growth Class A Fund	F X	Dividends X	IV X	
	Fidelity CA Municipal Money Market Fund	C X	Dividends X	II X	
DC	Selected American Shares Mutual Fund	G X	Dividends X	IV X	
SP	Sidney Harman 1987 Rev Tr Managed Accounts	SEE SCHEDULE A ATTACHED			P,S
SP	Sidney Harman Charitable Remainder Trust	SEE SCHEDULE B ATTACHED			P,S
DC	Goldman Sachs Managed Acct	SEE SCHEDULE C ATTACHED			P
JT	Jane Harman 25Year Grantor Income Trust	SEE SCHEDULE D ATTACHED			P,S
	The Lakes Descendants Trust (See Attachment 3)	I X	Dividends X; Interest X	VIII X	
DC	The Lakes Descendants Trust (See Attachment 3)	H X	Dividends X; Interest X	VI X	
	REAL ESTATE LIMITED PARTNERSHIPS:				

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JANE HARMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	JBG Investment Fund I LP	I	RENT, INTEREST, CAPITAL GAINS	IX	
	(Holding var interests in				
	comm'l RE See Attchmnt 8)				
SP	IBG INvestment Fund II LP	G	INTEREST, CAPITAL GAINS	IX	
	(Holding var interests in				
	Comm'l RE See Attchmnt 9)				
SP	Peabody International RE	H	RENT, INTEREST, CAPITAL GAINS	VIII	P
	Partners LLC (Holding var				
	interests in comm'l RE and				
	companies See Attchmnt 10)				
	INVESTMENT LIMITED				
	PARTNERSHIPS:				
SP	Arsenal Capital Partners	H		I	P
	Qualified Purchaser Fund LP				
	(See Attachment 11)				
SP	Greenbriar Equity Funds LP	F	INTEREST, CAPITAL GAINS	IX	P
	(Invests in pvt co's related				
	to transporation industry)				
SP	Patricof Private Investment	D	DIVIDENDS, INTEREST	III	
	Club LP (See Attchmnt 1)				
SP	Patricof Private Investment	E	INTEREST	II	
	Club II LP (See Attchmnt 2)				

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JANE HARMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Pilgrim America High Income Investment Ltd (See Attchmnt 7)								X												X											
SP	Premier Pacific Vineyards LP (Owns vineyards and wine making facilities in N California and Oregon)						X									X									X							
SP	Rhone Partners LP (See Attachment 4)									X				X		X	X												X			P
SP	Rhone Partners II LP (See Attachment 5)						X									X									X							P
SP	Selectinvest LP (See Attchmt 6)									X				X		X	X												X			
SP	Selectinvest Plus LP (See Attachment 6)									X				X		X	X											X				
SP	Taconic Capital Partners LP (Holds var investments and hedged positions)									X				X		X													X			
SP	TWP CEO Founders' Circle (QP) LP (Holds var investments in growth companies)								X							X									X							P
SP	H.I Books LLC (Book Development)						X														X											P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JANE HARMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Harman International Ind							X													X											
	Inc Retirement PLAN (Not																															
	self Directed) Held at																															
	Putnam Investments																															

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SCHEDULE IV — TRANSACTIONS

Name: JANE HARMAN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-04		X								
SP	Sidney Harman 1987 Revocable Trust	SEE	SCHEDULE	E	ATTACHED										
SP	Sidney Harman Charitable Remainder Trust	SEE	SCHEDULE	F	ATTACHED										
DC	Goldman Sachs Managed Account	SEE	SCHEDULE	G	ATTACHED										
JT	Jane Harman 25 Year Grantor Income Trust	SEE	SCHEDULE	H	ATTACHED										
SP	Arsenal Capital Partners	X			5/10/04			X							
SP	Arsenal Capital Partners	X			6/16/04		X								
SP	Arsenal Capital Partners	X			7/22/04		X								
SP	Greenbriar Equity Fund LP	X			1/10/04	X									
SP	Greenbriar Equity Fund LP	X			6/9/04	X									
SP	Greenbriar Equity Fund LP	X			10/09/04		X								
SP	HJ Books LLC	X			8/25/04			X							
SP	Peabody International RE Private Partners LLC	X			2/18/04				X						
SP	Peabody International RE Private Partners LLC	X			3/20/04			X							
SP	Peabody International RE Private Partners LLC	X			4/25/04				X						
SP	Rhone Partners II LP	X			1/31/04				X						
SP	Rhone Partners II LP	X			4/20/04			X							

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SCHEDULE IV — TRANSACTIONS

Name JANE HARMAN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
SP	Rhone Partners LP	X			7/15/04	X									
SP	TWP CEO Founders Circle (QP) LP	X			4/10/04			X							
SP	TWP CEO Founders Circle (QP) LP	X			11/10/04			X							

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
American Enterprise Institute		Jun 18	Washington DC - Eagle CO	Y	Y	Y	N
		Jun 20	Eagle CO - Washington DC	Y	Y	Y	N

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Jane Harman 25 Year Grantor Income Trust
Trustee	The Lakes Descendants Trusts
Trustee	The Lakes Discretionary Grandchildrens' Trust
Trustee	The Lakes Descendants Non-Exempt Trusts
Trustee	The Lakes Discretionary Granchildrens' Non-Exempt Trust
Board Member	Advisory Board UCLA School of Public Policy and Social Research

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Trustee	Smith College (On Leave)
Member	Advisory Committee to Dean of Harvard Law School
Vice-President	The Harman Family Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2005 98-729 (mac

Use additional sheets if more space is required.

JANE HARMAN
Financial Disclosure Statement

Disclosure Regarding Limited Partnership Interests and Use of Alternative Valuation Methods:

Two basic methods have been used to determine the value of each partnership interest. These methods differ as a result of the information available at the date of filing.

Method 1

Where market value statements were available, the value was determined by applying the ownership percentage of the reporting individual to the total value of the capital account reserved for limited partners. Method 1 was implemented with regard to Patricof Private Investment Club LP, Patricof Private Investment Club II LP, Rhone Partners LP, Rhone Partners II, Selectinvest LP, Selectinvest Plus LP, Pilgrim America High Income, Women's Growth Capital Fund I LLLP, Lakes Investment LLC and Arsenal Capital Partners Qualified Purchaser Fund LP.

Method 2

In some cases market value financial statements were not available. Accordingly, the ending capital balance for the reporting individual was used to value the partnership interest. This method was applied with regard to Greenbriar Equity Funds LP, HJ Books LLC, JBG Investment Fund I LP, JBG Investment Fund II LP, Peabody International Real Estate Partners LLC, Premier Pacific Vineyards LP, Taconic Capital Partners LP and TWP CEO Founders Circle Fund.

Disclosure Regarding Dependent Children:

For 2004, one of the two dependent children no longer meets the criteria for inclusion in the Statement. Therefore, certain investments and positions have been reduced accordingly.

JANE HARMAN
Financial Disclosure Statement

Attachment 1 - Patricof Private Investment Club, LP Detail of Investment Positions

Description	Category of Market Value
Marketable Securities:	
Antigenics Inc	$1 - $1,000
Axeda Systems (fka Ravisent)	$1 - $1,000
Workstream Inc	$1 - $1,000
Non-Marketable Securities:	
Concord Elevator Holdings (fka Ricon)	$1 - $1,000
Hearthstone Assisted Living Inc	$1,001 - $15,000
Peregrine Semiconductor Corporation	$1,001 - $15,000
US Laboratories	$1,001 - $15,000

JANE HARMAN
Financial Disclosure Statement

Attachment 2 - Patricof Private Investment Club II, LP Detail of Investment Positions

Description	Category of Market Value
Marketable Securities:	
ArthroCare Corp (formerly Opus Medical Inc)	$1 - $1,000
Axeda Systems	$1, - $1,000
RITA Medical	$1,001 - $15,000
Vicuron Pharmaceuticals	$1,001 - $15,000
Non-Marketable Securities:	
BlueArc Corporation	$1,001 - $15,000
CML Technologies, Inc	$1,001 - $15,000
Freedom Scientific Inc	$1,001 - $15,000
IntraLinks Inc	$1,001 - $15,000
MeshNetworks	$1,001 - $15,000
MILCOM Technologies Inc	$1 - $1,000
National Systems Integrations Inc (fka IntelliSec, Inc)	$1,001 - $15,000
Oblix Inc	$1,001 - $15,000
Paladin Holdings Inc	$1 - $1,000
Performance Inc	$1,001 - $15,000
Prometheus	$1,001 - $15,000
Vis.align Inc	$1 - $1,000

JANE HARMAN
Financial Disclosure Statement

Attachment 3 – Lakes Descendants Trusts Detail of Investment Positions

Investment positions held at the end of the year in the Lakes Descendants Trusts are as follows:

Women's Growth Capital Fund I, LLLP

No value as been ascribed to this bankrupt investment.

Lakes Investment LLC

Description	Category of Market Value
General CA Municipal – MMF	$15,001 - $50,000
Equities:	
American Technology	$50,001 - $100,000
Berkshire Hathaway Inc	$100,001 - $250,000
Harman International Ind	$250,001 - $500,000
Safeway Inc	$15,001 - $50,000
Standard & Poors Depositary	$100,001 - $250,000
Tweeter Home Entertainment Grp Inc	$50,001 - $100,000
Fidelity Investment Trust	$250,001 - $500,000
Partnerships:	
Castle Advisors Hedge Fund	$500,001 - $1,000,000

JANE HARMAN
Financial Disclosure Statement

Attachment 3 – Lakes Descendants Trusts Detail of Investment Positions (Continued)

Description	Category of Market Value
California Tax Exempt Municipal Bonds:	
Alhambra CA Crfs Partn Clubhouse Fac	$1,001 - $15,000
CA Health Facs FING Auth Rev Mls Pen Hlth B	$1,001 - $15,000
CA Hsg Fin Agy Rev Home Mtg Ser R	$15,001 - $50,000
CA Hsg Fin Agy Sglfam Mtg B-3	$1,001 - $15,000
CA State G/O 10/1/92	$1,001 - $15,000
CA State Var Purp TCRS	$1,001 - $15,000
CA State Pub Wks Brd Lse 10/1/92	$1,001 - $15,000
CA State Pub Wks Brd Lse 4/1/96	$1,001 - $15,000
CA State Pub Wks Brd Lse 8/1/93	$1,001 - $15,000
CA State Pub Wks Brd Lse 4/1/94	$1,001 - $15,000
Chico CA Pub Fin Auth Tax	$1,001 - $15,000
Coast Cmnty College Dist	$1,001 - $15,000
Corona-Norco CA Uni Sch Dist	$1,001 - $15,000
Culver City CA GO USD	$1,001 - $15,000
Fresno CA Crfs Partn Cap Impt Refing Proj	$15,001 - $50,000
Kern CO CA Brd Ed CTFS	$1,001 - $15,000
Lemoore CA Uni High Sch Dist RFDG	$15,001 - $50,000
Loomis CA Un Sch Dist G/O	$15,001 - $50,000
LA CA Harbor Dept	$15,001 - $50,000
LA CA USD	$1,001 - $15,000
LA CO CA Cap Asset Leasing Ser A	$15,001 - $50,000
LA CO CA Met Transn Sls Tx	$15,001 - $50,000
LA CO CA Pub Wrks Fin Auth Lse	$1,001 - $15,000
Metropolitan WTR Dist So CA Wtrwks	$1,001 - $15,000
Metropolitan WTR Dist SO RFDG	$100,001 - $250,000
Montebello CA Cmnty Redev Agy 6/1/97	$50,001 - $100,000
Nevada Irr Dist CA CTFS	$1,001 - $15,000
Parlier CA USD Ser B	$1,001 - $15,000
Pleasanton CA USD Ser J	$1,001 - $15,000
Pleasanton CA USD Ser K	$1,001 - $15,000
Port Oakland CA Port Rev	$1,001 - $15,000
Porterville CA CRFS Partn Swr Sys	$1,001 - $15,000

JANE HARMAN
Financial Disclosure Statement

Attachment 3 – Lakes Descendants Trusts Detail of Investment Positions (Continued)

Description	Category of Market Value
Rancho CA Wtr Dist Spl Tax	$1,001 - $15,000
Sacramento CA City Fing Auth	$1,001 - $15,000
Sacramento CA MUD Elec Rev	$1,001 - $15,000
Saddleback Vy USD	$1,001 - $15,000
San Francisco CA City & CO Intl Arprt Ser 7A	$1,001 - $15,000
San Francisco CA City & CO Intl Arprt Ser 9B	$1,001 - $15,000
San Francisco CA City & CO Intl Arprt Ser 10A	$1,001 - $15,000
Santa Rosa CA Hosp Rev	$1,001 - $15,000
Turlock CA Irr Dist Rev	$1,001 - $15,000
Vallejo CA Rev Ref Str Impt	$15,001 - $50,000
Wheeler Ridge-Maricopa CA Wtr Storage	$15,001 - $50,000

Attachment 4 - Rhone Partners, LP Detail of Investment Positions

Description	Category of Market Value
Primus International	$250,001 - $500,000
American Remanufacturers Inc	$250,001 - $500,000
Home Fragrance Holdings Inc	$50,001 - $100,000
Terphane Holding Corp	$50,001 - $100,000
De Dietrich	$1,001 - $15,000
Nation One Mortgage Company Inc	$1,001 - $15,000
WVNY (Burlington VT)	$100,001 - $250,000

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Financial Disclosure Statement

Attachment 5 – Rhone Partners II, LP Detail of Investment Positions

Description	Category of Market Value
Fraikin Goupe	$100,001 - $250,000
Chelsea Stores	$50,001 - $100,000
Almatis Investment Holdings S.a.r.l. (Lux)	$15,001 - $50,000

Attachment 6 – Selectinvest LP & Selectinvest Plus LP Detail of Investment Positions

Description	Category of Market Value
Global Event-Driven/Multi-Strategy:	
Perry Partners LP	$250,001 - $500,000
Satellite Fund II LP	$100,001 - $250,000
Farallon Capital Offshore Investors Inc	$250,001 - $500,000
OZ Domestic Partners LP	$100,001 - $250,000
Amaranth Partners LLC	$100,001 - $250,000
Davidson Kempner Partners	$100,001 - $250,000
Canyon Value Realization Fund LP	$100,001 - $250,000
Mariner Partners LP	$100,001 - $250,000
Brencourt Multi-Strategy	$100,001 - $250,000
Highridge Capital Corporation LP	$100,001 - $250,000
European Event Driven:	
Castlerigg Partners LP	$100,001 - $250,000
K Capital	$100,001 - $250,000
OZ Europe Domestic Partners LP	$100,001 - $250,000
Bailey Coates Cromwell Fund LP	$15,001 - $50,000
Merger Arbitrage:	
Brencourt Arbitrage	$50,001 - $100,000

JANE HARMAN
Financial Disclosure Statement

Attachment 6 – Selectinvest LP & Selectinvest Plus LP Detail of Investment Positions (Continued)

Description	Category of Market Value
European Event Driven Investing:	
Castlerigg Partners LP	$100,001 - $250,000
OZ Europe Domestic Partners LP	$100,001 - $250,000
Bailey Coates Cromwell Fund LP	$50,001 - $100,000
Fixed Income Trading:	
Drake Low Viablility PP	$100,001 - $250,000
Rockwood Partners LP	$50,001 - $100,000
BlueCrest Capital LO	$100,001 - $250,000
Alliance High Grade Strategy Partners LP	$50,001 - $100,000
Graham Global Investment Fund – Fed Policy	$100,001 - $250,000
Endeavor Fund I LP	$100,001 - $250,000
Highland Opportunity Funds LLC	$50,001 - $100,000
Distressed Securities Investing:	
Silver Point Capital Fund LP	$100,001 - $250,000
Triage Capital Management LP	$100,001 - $250,000
King Street Capital LP	$50,001 - $100,000
Cerberus Partners LP	$100,001 - $250,000
Credit Arbitrage:	
Trilogy Financial Partners LP	$50,001 - $100,000
Feingold O'Keefe	$100,001 - $250,000
CQS Cap Structure Arb	$100,001 - $250,000
Chatham Asset High Yield Partners LP	$250,001 - $500,000
Convertible Arbitrage:	
Akela	$50,001 - $100,000
Marathon Global Convertible Fund LP	$50,001 - $100,000
Opportunisitc & Other:	
Ascot Partners LP	$250,001 - $500,000
The Long Horizons Fund LP	$100,001 - $250,000
Other	$50,001 - $100,000

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Attachment 7 – Pilgrim America High Income Detail of Investment Position

Description	Category of Market Value
Capital Note due 2009	$500,001 - $1,000,000

Attachment 8 – JBG Investment Fund I LP Detail of Holdings

Various interests in real estate properties held are as follows:

Office Properties-
2440 M Street NW, Washington DC
Dulles Business Park, Chantilly VA
Austin Technology Park, Austin TX
DOT Headquarters, Washington DC
Silver Spring (M&S) Office, Silver Springs MD
801 Thompson Avenue, Rockville MD

Residential Properties-
1210 Mass Ave, NW Development, Washington DC
2400 M Street, NW, Washington DC
1111 25th Street, Washington DC
1300 N Street, NW Development, Washington DC
705 6th Street, NW
715 G Street NW, Condo, Washington DC
915 E Street NW, Washington DC
Silver Spring (AT&T), Silver Spring MD
Silver Spring (M&S) – Residential, Silver Spring MD
Reston Square Residential, Reston VA
555 Mass Avenue, NW (Res), Washington DC
1700 Duke Street, Alexandria VA
Market Square (Kodak & TA Site), Gaithersburg MD
Woodmont, Montgomery Co MD

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Financial Disclosure Statement

Attachment 8 – JBG Investment Fund I LP Detail of Holdings (Continued)

Mixed Use Properties-
Waterview, Arlington VA
Twinbrook Metro Park, Montgomery Co MD
Central Place, Arlington VA

Hotel Properties-
Sheraton Reston, Reston VA
Hampton Inn, Washington DC
Square 369, Washington DC

Attachment 9 – JBG Investment Fund II LP Detail of Holdings

Various interests in real estate properties held are as follow:

Office Properties-
2440 M Street, Washington DC
Chase Tower, Montgomery Co MD
1801 North Lynn, Rosslyn VA
Rosslyn Gateway, Arlington Co VA
Woodglen, Montgomery Co MD

Residential Properties-
Hickory Place, Prince Georges Co MD
Mallard Courts, Alexandria VA

Jane Harman
Financial Disclosure Statement

Attachment 10 – Peabody International Real Estate Private Partners LLC Detail of Holdings

Various investments in commercial real estate properties and companies located outside the United States as follows:

Investment	Type	Location
HPE Property Holding GmbH	Commercial/Residential Developer	Germany
Madrid Palace	Residential Conversion Developer	Spain
Alitalia Headquarters	Office Building Developer	Italy
BEG SA	Retail Developer	Europe
Inversiones y Representaciones SA IRSA	Diversified Operator/Developer	Argentina
Hausbau HRP	Residential Operator	Germany
Italian Retail Malls and Shops	Retail Properties	Italy
Peabody Cutlers Gardens LP Cutler Gardens Estate	Office Properties	England
PI France 1 Sarl Diamonds Portfolio	Office Properties	France
Levallois-Perret Golden Crescent	Office Properties	France
Paris Office Boetie	Office Properties	France

Jane Harman
Financial Disclosure Statement

Attachment 10 – Peabody International Real Estate Private Partners LLC Detail of Holdings (Continued)

CWE Holding I LLC London West End	Commercial/Residential Properties	England
Tubeuf rue Vivienne	Office Building	France
QED/Industrial	Distribution Light Industrial Park	England

Attachment 11 – Arsenal Capital Partners Qualified Purchaser Fund LP Detail Of Investment Positions

Description	Category of Market Value
Interdynamics Holdings Inc	$100,001 - $250,000
Renaissance Mark Holdings Corp	$250,001 - $500,000
Rutherford Chemical Holdings Corp	$500,001 - $1,000,000
TallyGenicom Holdings LLC	$250,001 - $500,000
Scientific Protein Laboratories LLC	$500,001 - $1,000,000
Priority Air Express	$100,001 - $250,000

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C						BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset												Type of Income						Amount of Income											Trnsctn
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	*Goldman Sachs - Brokerage Account*																														
SP	Goldman Sachs ST Durat Govt							X						X												X					S
SP	Goldman Sachs Institutional Liq Asset TE MMA								X					X										X							
SP	Goldman Sachs Grp 0% 6/5/89 Nikkel Bffrd							X												X											
SP	Goldman Sachs Core Fixed Inc Mutual Fnd								X					X										X							P
SP	Goldman Sachs High Yld Muni Fnd						X							X									X								P
SP	Apple Computer							X												X											
SP	Charter One Finl Inc	X												X			X					X									Merger
SP	McGraw Hill Cos Inc				X									X								X									
SP	Stanley Works				X									X								X									
SP	*Goldman Sachs - Boston Company Account*																														
SP	Goldman Sachs Institutional Liq Asset TE MMA								X					X						X											
SP	ABN Amro Hlds NV ADR				X									X			X							X							S
SP	Aegon NV Amer Reg ADR				X									X			X						X								P,S
SP	Aktiebolaget Electrolux ADR				X												X						X								P,S
SP	Alps Electric Ltd ADR				X									X			X						X								P,S
SP	Amcor Ltd ADR					X								X								X									P
SP	Arcelor ADR	X												X			X							X							P,S
SP	Aventis ADR	X															X									X					S
SP	BAA PLC Spon ADR				X									X									X								
SP	BAE Systems PLC ADR				X									X			X								X						S
SP	Bank Fukuoka Ltd ADR					X								X			X							X							P,S
SP	Bank of East Asia Ltd ADR			X										X								X									
SP	Bank of Ireland Spon ADR						X							X			X								X						P,S
SP	Barclays PLC ADR				X									X			X								X						P,S
SP	Benetton Group Spa ADR				X									X			X						X								P,S
SP	BNP Paribas ADR					X								X									X								
SP	BOC Group PLC ADR				X									X			X								X						S
SP	Boots Group PLC ADR				X															X											P
SP	BT Group PLC ADR				X									X			X						X								P,S
SP	Buhrmann NV Spon ADR	X															X								X						S
SP	Bunzl PLC Spon ADR				X									X									X								P
SP	Canon Inc ADR					X								X			X								X						P,S
SP	Centrica PLC ADR				X									X			X							X							S
SP	China Mobile Hong Kong ADR				X									X								X									P
SP	Citic Pacific Ltd ADR			X										X							X										P
SP	Danske BK ADR				X									X			X								X						P,S
SP	DBS Group Hldgs ADR					X								X			X								X						P,S
SP	Deutsche Bank AG					X								X			X								X						P,S
SP	Deutsche Lufthansa AG ADR					X								X			X								X						P,S
SP	DSM NV ADR			X										X			X							X							P,S
SP	E.On E AG ADR				X									X			X									X					S

SCHEDULE III ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											Trnsctn
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	Elisa Co Ltd ADR	X												X			X									X						P,S
SP	Endesa SA ADR					X								X											X							P,S
SP	Energias/Electricidade De Portugal SA ADR			X													X								X							S
SP	ENI SPA ADR				X									X			X										X					P,S
SP	Fortis NL ADR					X								X			X									X						P,S
SP	France Telecom SA ADR					X								X			X															
SP	Fuji Heavy Ind Ltd ADR				X									X									X									P,S
SP	Fuji Photo ADR					X								X			X							X								P,S
SP	Funai Electric Co Ltd ADR				X									X			X								X							P,S
SP	GKN PLC ADR				X									X										X								P
SP	Glaxosmithkline PLC ADR					X								X			X								X							S
SP	Hachijuni Bank Ltd ADR				X									X			X									X						S
SP	Hellenic Telecom Organ SA	X												X			X									X						S
SP	Honda Motor LTD					X								X										X								
SP	J Sainsbury PLC ADR				X									X			X								X							S
SP	KAO Corp ADR					X								X									X									P
SP	Koninklijke Philips Electrs NV ADR				X									X										X								
SP	Korea Electric Power ADR				X									X									X									P
SP	KT Corporation ADR				X									X										X								P
SP	Lloyds TSB Group PLC ADR				X									X			X									X						S
SP	Marks & Spencer PLC ADR				X									X										X								P
SP	Minebea Co Ltd ADR						X							X			X									X						S
SP	MTR Corp Ltd ADR	X												X											X							P
SP	National Australia Bank Limited ADR					X								X									X									P,S
SP	Nedcor Ltd ADR				X									X			X									X						P,S
SP	Nestle Sa ADR					X								X			X									X						P,S
SP	Nippon Teleg & Tel ADR					X								X			X								X							P,S
SP	Nokia Corp ADR				X									X			X									X						P,S
SP	Novartis AG ADR					X								X								X										P
SP	Olympus Corporation ADR					X								X			X						X									P,S
SP	Peugeot SA ADR	X															X									X						S
SP	Portugal Telecom SGPS SA ADR	X												X			X								X							P,S
SP	Reuem PLC ADR				X									X									X									
SP	Sao Paolo IMIS PA ADR			X										X									X									P
SP	Sanofi-Aventis ADR					X								X			X									X						P,S
SP	Santos Ltd ADR	X												X			X									X						P,S
SP	Scherieg AG ADR	X												X			X								X							P,S
SP	Scottish & Southern Ener ADR	X																			X											P
SP	Scottish Power PLC ADR				X									X			X								X							P,S
SP	Sekisui Homes Ltd ADR					X											X						X									P,S
SP	Shinsei Bank Ltd Tokyo ADR	X												X			X								X							S
SP	Shiseido Co Ltd ADR				X																											

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											Trnsctn
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,00	K $25,000,001 - $50,000,0	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	Sumitomo Mitsui Finl Grp ADR					X															X											P
SP	Sun Hung Kai Prop Ltd ADR	X															X									X						S
SP	Swire Pacific Ltd ADR	X												X			X									X						S
SP	Swiss Reinsurance ADR					X															X											P
SP	TDK Corporation ADR				X									X			X									X						P,S
SP	Telecentro Oeste Celular Participacoes ADR	X															X							X								S
SP	Telecom Corp of New Zealand ADR	X												X			X									X						S
SP	Telecomunicacoes Brasileiras SA ADR				X									X									X									P
SP	Telefonos De Mexico SA ADR				X									X									X									
SP	Thomson SA ADR				X									X			X										X					P,S
SP	TIM Participacoes SA ADR	X															X						X									P,S
SP	Toyota Motor Corp ADR				X									X			X								X							S
SP	UBS AG				X									X			X										X					S
SP	Unilever PLC ADR				X									X									X									P
SP	United Microelectronics ADR				X												X								X							P,S
SP	United Overseas Bk Ltd ADR				X																X											P
SP	UPM Kymmene Corp					X								X			X								X							P,S
SP	Valeo ADR					X															X											P
SP	Vodafone Group PLC ADR			X																	X											P
SP	Volkswagon AG ADR					X								X										X								P
SP	Wolters Kluwer ADR				X												X						X									P,S
SP	Zurich Finl Svcs ADR				X												X									X						S
SP	JP Morgan Cash Management Fund						X							X										X								

JANE HARMAN
SCHEDULE B1 ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

BLOCK A		BLOCK B												BLOCK C								BLOCK D										BLOCK E
Asset and/or Income Source		Value of Asset												Type of Income								Amount of Income										Comments
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	*Goldman Sachs - Brokerage Account*																								X							
SP	Goldman Sachs Inst Ll Asset Mgt Mkt				X									X														X				N
SP	Goldman Sachs Core Fixed Inc A Mutual Fund	X												X			X											X				S
SP	Goldman Sachs High Yield Mutual A	X												X			X										X					P,S
SP	Goldman Sachs High Yield Mutl A	X												X			X											X				S
SP	Goldman Sachs Emerging Mkts Eq Class A	X															X											X				S
SP	Goldman Sachs Grwth Opp Class A								X												X											
SP	AB Svensk Exportkredit MTN 7/15/05									X											X											P
SP	AB Svensk Exportkredit 2/28/07								X																							
SP	*Goldman Sachs - Restricted Account*																										X					
SP	Harman International Industries Cmn												X	X																		
SP	*Goldman Sachs - Boston Account*																															
SP	Goldman Sachs Inst Ll Asset Mgt Mkt						X							X										X								
SP	ABN Amro Hldg NV ADR			X										X			X							X								N
SP	Aegon Nv ADR			X										X			X						X									P,S
SP	Aktiebolaget Electrolux ADR				X												X						X									P,S
SP	Alps Electric Ltd ADR			X										X			X						X									P,S
SP	Ameor Ltd ADR				X									X										X								P
SP	Arcelor ADR	X															X									X						P,S
SP	Aventis Spon ADR	X															X															S
SP	BAA PLC ADR			X										X									X									
SP	BAE Systems PLC ADR			X										X			X							X								S
SP	Bank Fukuoka Ltd ADR				X									X			X							X								P,S
SP	Bank of East Asia Ltd ADR			X										X							X											
SP	Bank of Ireland ADR				X									X			X								X							P,S
SP	Barclays PLC ADR			X										X			X						X									P,S
SP	Benetton Group Spa ADR			X										X									X									P
SP	BNP Paribas ADR				X									X			X							X								S
SP	BOC Group PLC ADR			X										X							X											P
SP	Boots Group PLC ADR			X																			X									P,S
SP	BT Group PLC ADR				X									X			X								X							S
SP	Buhrmann NV ADR	X																					X									P
SP	Bunzl PLC ADR				X									X										X								P,S
SP	Canon Inc ADR				X									X			X									X						S
SP	Centrica PLC ADR			X										X			X					X										P
SP	China Mobile Hong Kong Ltd ADR			X										X								X										P
SP	Cnlc Pacific Ltd ADR			X										X											X							P,S
SP	Danske Bank ADR			X										X			X							X								P,S
SP	DBS Group Hldgs ADR				X									X			X								X							P,S
SP	Deutsche Bank AG				X									X			X						X									P,S
SP	Deutsche Lufthansa AG ADR				X									X			X							X								P,S
SP	DSM NV ADR			X										X			X															

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

BLOCK A		BLOCK B												BLOCK C						BLOCK D												BLOCK E
Asset and/or Income Source		Value of Asset												Type of Income						Amount of Income												Trnsctn
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,00	K $25,000,001 - $50,000,0	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	Elisai Co Ltd ADR	X												X			X								X						P,S
SP	Endesa SA ADR				X									X								X									S
SP	Energias/Electricidade De Portugal SA ADR			X										X			X								X						P,S
SP	ENI SPA ADR				X									X			X							X							S
SP	Fortis NL ADR				X									X			X								X						P,S
SP	France Telecom SA ADR				X									X			X								X						P,S
SP	Fuji Heavy Ind Ltd ADR			X										X								X									
SP	Fuji Photo ADR				X									X			X					X									P,S
SP	Funai Electric Co Ltd ADR				X									X			X					X									P,S
SP	GKN PLC ADR				X									X			X							X							P,S
SP	Glaxosmithkline PLC ADR				X									X								X									P
SP	Hachijuni Bank Ltd ADR			X										X			X							X							S
SP	Hellenic Telecom Organization SA ADR	X												X			X								X						S
SP	Honda Mtr Ltd ADR				X									X			X								X						S
SP	J Sainsbury PLC ADR			X										X								X									
SP	KAO Corp ADR				X									X			X					X									S
SP	Koninklijke Philips Electrs NV ADR				X									X							X										P
SP	Korea Electric Pwr Corp ADR			X										X								X									
SP	KT Corporation ADR			X										X							X										P
SP	Lloyds TSB Group PLC ADR			X										X								X									P
SP	Marks & Spencer PLC ADR			X										X			X								X						S
SP	Minebea Co Ltd ADR				X									X								X									P
SP	MTR Corp Ltd ADR	X												X			X								X						S
SP	National Australia Bank Ltd ADR				X									X										X							P
SP	Nedcor Ltd ADR				X									X							X										P,S
SP	Nestle SA ADR				X									X			X								X						P,S
SP	Nippon Teleg & Tel ADR				X									X			X								X						P,S
SP	Nokia Corp ADR			X										X			X					X									P,S
SP	Novartis AG ADR				X									X			X							X							P,S
SP	Olympus Corporation ADR				X									X							X										P
SP	Peugeot SA ADR	X															X					X									P,S
SP	Portugal Telecom SGPS SA ADR	X															X								X						S
SP	Rexam PLC ADR			X										X			X							X							P,S
SP	San Paolo IMIS PA ADR			X										X							X										
SP	Sanofi-Aventis ADR				X									X								X									P
SP	Santos Ltd ADR	X												X			X								X						P,S
SP	Schering ADR	X												X			X							X							P,S
SP	Scottish & Southern Ener ADR	X												X			X							X							P,S
SP	Scottish Power PLC ADR			X																X											P
SP	Sekisui Homes Ltd				X									X			X							X							P,S
SP	Shinsei Bank Ltd Tokyo ADR	X															X					X									P,S
SP	Shiseido Co Ltd ADR			X										X			X							X							S

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

BLOCK A		BLOCK B											BLOCK C							BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset											Type of Income							Amount of Income											Transfer
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	Sumitomo Mitsui Fin'l Group Inc ADR				X																X											P
SP	Sun Hung Kai Prop Ltd ADR	X															X								X							S
SP	Swire Pacific Ltd ADR	X												X			X								X							S
SP	Swiss Reinsurance ADR				X																X											P
SP	TDK Corporation ADR			X										X			X								X							P,S
SP	Telecom Corp of New Zealand ADR	X												X			X								X							S
SP	Telecomunicacoes Brasileiras SA ADR			X										X								X										P
SP	Telefonos De Mexico SA ADR			X										X									X									
SP	Thomson SA ADR			X										X			X									X						P,S
SP	Toyota Motor Corp ADR				X									X			X								X							S
SP	UBS AG				X									X			X									X						S
SP	Unilever PLC ADR			X										X								X										P
SP	United Microelectronics ADR			X													X						X									P,S
SP	United Overseas Bk Ltd ADR				X																X											P
SP	UPM-Kymmene Corp ADR				X									X			X							X								P,S
SP	Valeo ADR				X																X											P
SP	Vodafone Group PLC ADR			X																	X											P
SP	Volkswagen AG ADR				X									X									X									P
SP	Wolters Kluwer ADR			X																	X											P,S
SP	Zurich Financial Services ADR			X													X							X								S
SP	*Goldman Sachs - Sound Share Account (Trsfrd MFS)*																															
SP	Goldman Sachs Inst Ll Asset Mny Mkt						X							X										X								
SP	Abbott Laboratories	X												X			X						X									P,S
SP	Aetna Inc				X									X			X								X							P,S
SP	Agilent Technologies Inc				X																X											P
SP	Air Products & Chemicals Inc	X												X			X								X							S
SP	AMBAC Financial Group Inc				X									X								X										P
SP	American Express Co	X												X			X							X								S
SP	Archer Daniels Midland Co	X												X			X								X							S
SP	Bank of America Corp	X												X			X										X					S
SP	Baxter International Inc				X																X											P
SP	Berkshire Hathaway Inc Class B					X															X											P
SP	Centurytel Inc				X									X								X										P
SP	Chubb Corp				X									X									X									P
SP	Cigna Corp				X									X								X										P
SP	Cinergy Corp	X												X			X						X									P,S
SP	Citigroup Inc	X												X			X									X						P,S
SP	Citizens Communication Co	X												X			X							X								P,S
SP	Comerica Inc				X									X									X									P
SP	CSX Corp				X									X								X										P
SP	Dana Corporation Inc				X									X									X									P
SP	Devon Energy Corporation	X												X			X								X							P,S

JANE HARMAN
SCHEDULE III ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

BLOCK A		BLOCK B												BLOCK C						BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset												Type of Income						Amount of Income											Transcm
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excerpted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	Directv Group Inc				X															X											P
SP	Dow Chemical Co	X												X			X							X							S
SP	E I DuPont De Nemours	X												X			X					X									P,S
SP	El Paso Corp	X												X			X					X									P,S
SP	Emerson Electric Co	X												X			X							X							S
SP	Exelon Corp	X												X			X					X									P,S
SP	Fannie Mae Common Stock	X												X			X						X								S
SP	Fleet Boston Fincl Corp	X												X			X							X							S
SP	Freddie Mac Cmn					X								X								X									P
SP	Georgia-Pacific Corp				X									X								X									P
SP	Hartford Fincl Svcs Grp Inc	X												X			X								X						S
SP	Hewlett-Packard Co				X									X								X									P,S
SP	Honda Mtr Ltd ADR				X									X								X									P
SP	Interpublic Group Cos				X															X											P
SP	Intl Business Machines Corp	X												X			X					X									S
SP	Intl Paper Co	X												X			X						X								P,S
SP	Johnson & Johnson	X												X			X							X							P,S
SP	Kellogg Co	X												X			X								X						S
SP	Kimberly Clark Corp	X												X			X								X						S
SP	L-3 Communications Hldgs Inc			X										X			X							X							P,S
SP	Laboratory Corporation of Amer				X															X											P
SP	Liberty Media Corp				X												X				X										P,S
SP	Lockheed Martin Corp	X												X			X						X								P,S
SP	McDonalds Corp				X									X								X									P
SP	Mellon Fincl Corp	X												X			X						X								S
SP	Merrill Lynch Co Inc	X												X			X							X							S
SP	Metlife Inc	X															X								X						P,S
SP	Motorola Inc	X												X			X							X							S
SP	Northrop Grumman Corp	X												X			X							X							S
SP	Novartis AG ADR	X															X							X							S
SP	Pfizer Inc	X												X			X							X							S
SP	PPG Industries Inc	X												X			X							X							S
SP	PPL Corporation	X												X			X					X									S
SP	Reed Elsevier PLC ADR	X												X			X						X								P,S
SP	Roche Holding AG ADR	X												X			X							X							P,S
SP	SBC Communications Inc	X												X			X						X								S
SP	Schering-Plough Corp	X												X			X					X									S
SP	Sears Roebuck & Co	X												X			X						X								S
SP	SPX Corporation				X									X								X									P
SP	St Paul Travelers Companies(Trvlrs Prpty&Casty)	X												X			X						X								S
SP	Suntrust Banks Inc	X												X			X						X								S
SP	Syngenta AG ADR	X															X								X						S

JANE HARMAN
SCHEDULE B1 ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

BLOCK A		BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E
Asset and/or Income Source		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Bling Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	Trustee
SP	Texas Instruments Inc				X									X			X					X		X								P,S
SP	Textron Inc	X												X							X											P
SP	Thermo Electron Corp				X																X											P
SP	Time Warner Inc				X												X						X									S
SP	Tribune Co New	X															X							X								P,S
SP	TXU Corp	X												X								X										P
SP	Tyco International Ltd				X									X			X						X									S
SP	Union Pacific Corp	X												X							X											P
SP	Unumprovident Corporation				X																		X									P
SP	US Bancorp			X										X			X						X									P,S
SP	Verizon Communications	X												X									X									P
SP	Waste Mangement Inc				X																X											P
SP	Watson Pharmaceuticals Inc				X																											P

JANE HARMAN
SCHEDULE III ATTACHMENT
GOLDMAN SACHS - MANAGED ACCOUNTS

BLOCK A		BLOCK B											BLOCK C							BLOCK D											BLOCK E
Asset and/or Income Source		Value of Asset											Type of Income							Amount of Income											Trnsctn
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,00	K $25,000,001 - $50,000,0	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
DC	GS Institutional Ll Assets TE Fund			X										X							X	X										P
DC	GS Emerging Markets Equity Cl A			X																	X											P
DC	GS Growth Opportunities Cl A			X																	X											P
DC	GS International Growth Opp Cl A			X																	X											P
DC	GS Jaunanese Equity Cl A			X																	X											P
DC	GS Large Cap Value Cl A			X																	X											P
DC	GS Real Estate Cl A			X																												

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B													BLOCK C							BLOCK D												
Asset and/or Income Source		Value of Asset													Type of Income							Amount of Income												
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000		Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	*Partnerships Held*																																	
SP	Blum Strategic Partners II LP									X					X		X	X																
SP	Goldman Sachs Hedge Fnd Prtnrs LLC									X					X		X	X									X			X				P
SP	Goldman Sachs Strtgc Fnc Prtnrs LP									X					X		X	X									X							
SP	JBG Fund III Investor LLC								X													A												P
SP	Pope Resources LP					X																X												
SP	*Bear Stearns Account*																																	
SP	Reserve Fund Primary Fund				X										X									X										
SP	ABN Amro Holding NV				X										X									X										P
SP	Argon NV ADR				X										X									X										P
SP	Astrazeneca PLC				X										X								X											P
SP	AXA-UAP-ADR				X																	X												P
SP	Barclays PLC ADR				X										X									X										P
SP	Cadbury Schweppes PLC ADR				X										X								X											P
SP	Canon Inc ADR				X																	X												P
SP	Danske Bank				X																	X												P
SP	Fudesa SA ADR				X																	X												P
SP	FNI SPA ADR				X																	X												P
SP	Glaxosmithkline PLC ADR				X										X								X											P
SP	HSBC Holdings PLC				X										X								X											P
SP	ING Group NV ADR				X										X									X										P
SP	Ishares Trust					X									X										X									P
SP	KAO Corp ADR				X										X								X											P
SP	Lloyds TSB Group PLC ADR				X										X									X										P
SP	Nestle SA ADR				X																	X												P
SP	Nokia Corp ADR				X																	X												P
SP	Novartis AG ADR				X																	X												P
SP	Nuo Paolo-Intl SPA ADR				X																	X												P
SP	Sanofi Aventis ADR				X										X								X											P
SP	Siemens AG ADR				X																	X												P
SP	Societe Generale ADR				X																	X												P
SP	UBS AG				X																	X												P
SP	Unilever PLC ADR				X										X									X										P
SP	*Fidelity Investments Account (Closed)*																																	
SP	Fidelity Co Muni MM	X													X									X										S
SP	Julius Baer Int'l Equity	X															X										X							S
SP	*Goldman Sachs-Brokerage Account*																																	
SP	Goldman Sachs Instl Liq Asset TR MMA								X						X											X								
SP	Goldman Sachs High Yield Muni Fnd								X						X												X							P
SP	Goldman Sachs High Yield Mutual Fnd	X													X												X							S
SP	Goldman Sachs Grp Inc 0% Nikkei Fin							X														X												
SP	Goldman Sachs Japanese Equity C I A							X														X												P

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,00	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	EDP Electricidade De Portugal ADR								X												X											
SP	AB Svensk Exportkredit 2/28/07							X													X											P
SP	*Goldman Sachs - Restricted Account*																															
SP	Harman International Inds Inc										X			X											X							
SP	*Goldman Sachs -Franklin PCG Account*																															
SP	Goldman Sachs Instl Liq Asset TE MMA				X									X									X									
SP	FT Wayne Ind Redev 3% 2/1/09							X								X									X							
SP	Garland Tx COPS 4.125% 2/15/16							X								X									X							
SP	Lewisville Tx Sch Dist 3.625% 2/15/16							X								X									X							
SP	Murray Cty Salt Lake UT 4.25% 6/1/19						X														X											P
SP	Noblesville Ind Redev 4% 7/15/12							X								X									X							
SP	Oklahoma Dev Fin Auth 4% 7/1/14							X								X									X							
SP	San Buenaventura CA 4.75% 3/1/20						X														X											P
SP	St of Ca GO 5% 2/1/17							X								X									X							
SP	St of NY GO 3.5% 4/15/11							X								X									X							
SP	Travis Tx GO 4.3% 3/1/18							X								X										X						
SP	West Allis W Milwaukee 4% 4/1/13							X								X									X							
SP	Wstrn Wa Univ 4% 10/1/15							X								X									X							
	Goldman Sachs - Wasatch Account																															
SP	Goldman Sachs Instl Liq Asset TE MMA			X										X									X									
SP	Accredited Home Lenders Hldg Co			X													X							X								P,S
SP	Administaff Inc			X													X															P,S
SP	Aftermarket Technology Corp			X													X							X								P,S
SP	America Service Group	X															X								X							S
SP	American Fiat Rlty Tr	X												X			X							X								S
SP	American Home Mtg Invt Corp			X										X			X							X								P,S
SP	Americas Car Mart Inc	X															X						X									S
SP	Americredit Corp				X												X								X							P,S
SP	AMN Healthcare Services Inc			X													X							X								P,S
SP	Apollo Investment Corp			X										X								X										P,S
SP	Apria Healthcare Grp			X													X						X									S
SP	Arbor Realty Trust Inc			X										X			X						X									P,S
SP	ASE Test Limited			X																	X											P,S
SP	Beacon Roofing Supply Inc			X													X						X									P,S
SP	Beazer Homes USA Inc	X												X			X						X									S
SP	Big 5 Sporting Goods Corp			X										X			X							X								S
SP	Capital Automotive REIT	X												X			X						X									S
SP	Capital Senior Living Corp			X																	X											P,S
SP	Casual Male Retail Grp Inc			X																	X											P,S
SP	CATO Corporation	X												X			X						X									S
SP	Centene Corporation	X															X								X							S
SP	Chattem Inc	X															X								X							S

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											
		A None	B $1-$1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	Coinstar Inc	X															X						X									S
SP	Commercial Cap Bancorp Inc			X										X			X									X						S
SP	Concord Communications Inc			X																	X											PS
SP	Core Laboratories NV	X															X									X						S
SP	Direct General Corp			X										X			X						X									PS
SP	Dollar Tree Stores Inc			X													X					X										PS
SP	Doral Financial Corp			X										X			X							X								PS
SP	Drew Industries Inc			X																	X											P
SP	Excel Technology Inc			X													X							X								S
SP	Falcon Financial Investment			X										X								X										PS
SP	Fidelity Natl Financl Inc			X										X			X							X								S
SP	First Community Bancorp	X												X			X						X									S
SP	First State Bancorporation	X												X			X						X									S
SP	Franklin Bank Corp			X																	X											PS
SP	Friedman Billings Ramsey Gro			X										X			X								X							PS
SP	Genesco Inc	X															X							X								S
SP	Gevity HR Inc			X																	X											P
SP	Global Imaging Services Inc			X													X									X						S
SP	Group 1 Automotive Inc			X													X						X									PS
SP	Hanover Capital Mortg Hldgs Inc	X												X			X						X									S
SP	Harvest Natrl Resources Inc			X													X						X									PS
SP	Health Care Prpty Inv Inc	X															X							X								S
SP	Helen Corp			X										X			X								X							S
SP	Homebanc Corp			X																	X											P
SP	Hooker Furniture Corp	X												X			X							X								S
SP	Hovnanian K Enterprises Inc			X																	X											P
SP	Hub Interntl Ltd			X										X			X							X								PS
SP	Integrated Alarm Services Grp			X																	X											PS
SP	Jarden Corp			X													X							X								S
SP	Keystone Automotive Inds Inc			X													X							X								PS
SP	Kirklands Inc			X																	X											PS
SP	KMG America Corporation			X																	X											P
SP	Lithia Motors Inc			X										X			X									X						PS
SP	LNR Property Corp	X												X			X								X							S
SP	LSI Logic Corp	X															X						X									S
SP	Marlomar Inc	X															X									X						S
SP	Maxwell Shoe Co Inc	X															X						X									S
SP	MCG Capital Corp			X										X			X									X						S
SP	McGrath Rentcorp			X													X					X										PS
SP	MDC Holdings Inc			X										X			X							X								PS
SP	Meritage Homes Corporation			X													X								X							PS
SP	MFA Mortgage Investments Inc	X												X									X									PS

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,00	K $25,000,001 - $50,000,0	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Exempted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	Micrel Inc			X													X						X									P,S
SP	Microfinancial Inc			X																	X											P
SP	Mission Resources Corp			X													X							X								P,S
SP	Mobile Mini Inc			X													X								X							P,S
SP	Molina Healthcare Inc			X													X							X								P,S
SP	Monro Muffler Brake Inc			X													X						X									P,S
SP	Mortgageit Holdings Inc			X													X						X									P,S
SP	Movie Gallery Inc	X												X			X						X									S
SP	Multi-Fineline Electronix Inc			X																	X											P
SP	Nanometrics Inc			X													X							X								P,S
SP	Nara Bancorp Inc	X												X			X							X								S
SP	National RV Hldgs Inc			X																	X											P,S
SP	Navigant International Inc	X															X							X								S
SP	NBTY Inc			X													X								X							S
SP	New Century Financial Corp			X													X					X										P,S
SP	Newcastle Invt Corp			X										X			X							X								P,S
SP	Nextel Partners Inc	X															X								X							S
SP	Northstar Realty Finance Corp			X													X						X									P,S
SP	Novastar Financial Inc	X												X			X						X									S
SP	Nu Horizons Electronic Corp			X													X						X									S
SP	NVR Inc			X													X													X		P,S
SP	O'Charleys Inc	X															X						X									S
SP	O'Reilly Automotive	X															X							X								S
SP	Orient-Express Hotels Ltd			X										X			X							X								S
SP	Pacificare Health Systems Inc			X													X							X								P,S
SP	Pericom Semiconductor Corp			X																	X											P,S
SP	Placer Sierra Bancshares			X													X						X									P,S
SP	Plains Expl & Prod Co			X													X							X								P,S
SP	Quality Distribution Inc			X																	X											P,S
SP	Rainbow Rentals Inc	X															X							X								Merger
SP	RC2 Corp	X															X							X								S
SP	Redwood Trust Inc			X										X			X							X								P,S
SP	Rehabcare Group Inc	X															X						X									S
SP	Remedytemp Inc			X																	X											
SP	Rent-A-Center Inc			X													X						X									P,S
SP	Saxon Capital Inc				X									X			X								X							P,S
SP	School Specialty Inc			X													X							X								S
SP	Scottish Annty & Life Hldgs Ltd			X										X			X						X									S
SP	Sea Containers Ltd			X																	X											P
SP	Select Comfort Corporation			X																	X											P
SP	Sipex Corporation			X																	X											P,S
SP	SM&A Cmo			X													X						X									S

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											
		A	B	C	D	E	F	G	H	I	J	K	L								I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
		None	$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	None	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	
SP	Sola International Inc	X															X						X									P,S
SP	Sonic Automotive Inc			X										X			X							X								P,S
SP	SPSS Inc			X													X					X											
SP	Sunrise Sr Living Inc	X															X							X								S
SP	Supertex Inc			X													X							X								P,S
SP	Supreme Industries Inc	X												X			X						X									
SP	Swift Transportation			X													X					X										P,S
SP	TCF Financial Corp	X												X			X							X								S
SP	Technology Investment Cap Corp			X										X							X											S
SP	Thor Industries Inc	X												X			X							X								S
SP	Thornburg Mtg Inc	X												X			X						X									P,S
SP	Toll Brothers Inc			X													X							X								S
SP	Transport Corp of America Inc			X													X						X									
SP	TTM Technologies Inc			X																	X											P,S
SP	United Panam Fincl Corp			X													X							X								P,S
SP	United Rentals Inc	X															X								X							S
SP	US Physical Therapy Inc			X													X						X									S
SP	USA Truck Inc			X													X						X									S
SP	USI Holding Corp			X																	X											P,S
SP	Vitran Corp Inc			X													X						X									P,S
SP	Washington Federal Inc	X												X			X						X									S
SP	Whitehall Jewellers Inc			X																	X											S
SP	Winnebago Industries Inc	X												X			X							X								S
SP	World Accep Corp			X													X							X								S
	Goldman Sachs - PCM Account																															
SP	Goldman Sachs Instl Liq Asset TF MMA						X							X									X									
SP	ADE Corp					X															X											
SP	Aehr Test Sys				X																X											
SP	Alltel Corp						X							X											X							P
SP	Apple Computer Inc				X												X											X				S
SP	Bandag Inc				X									X									X									
SP	BankNorth Grp Inc				X									X									X									P
SP	Bear Stearns Cos Inc				X									X									X									
SP	Belo Corporation Ser A				X									X									X									
SP	Charter One Fnl Inc	X												X			X										X					S
SP	Computer Assoc Intl Inc						X							X									X									
SP	Connecticut Bancshares Inc	X												X			X										X					S
SP	Countrywide Fincl Corp					X								X			X										X					P,S
SP	Datascope Corp				X									X										X								
SP	Dundee Bancorp Inc					X															X											
SP	Eastman Kodak Co				X									X									X									
SP	Electro Rent Corp					X								X													X					

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											
		A	B	C	D	E	F	G	H	I	J	K	L								I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
		None	$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	None	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	
SP	FAB Inds Inc			X																	X											
SP	Federated Dept Stores Inc				X																X											P
SP	Fidelity Bankshares Inc					X								X									X									
SP	Forest City Enterp Inc					X								X									X									
SP	Gannett Co Inc				X									X									X									
SP	Health Mgt Assoc Cl A				X									X								X										P
SP	Hewlett-Packard Inc				X									X								X										P
SP	Imation Corp				X									X								X										
SP	Independence Cmnty Bk Corp				X									X									X									
SP	Kimball Intl Inc			X										X									X									
SP	Knight Ridder Inc				X									X									X									
SP	Lawson Products Inc			X										X									X									
SP	McClatchy Co				X									X									X									
SP	McGraw-Hill Companies Inc					X								X									X									
SP	Media General Inc				X									Y								X										P
SP	Mentor Graphics Corp				X																X											
SP	Mercantile Bankshares Corp				X									X									X									
SP	Mine Safety Appliances Co					X								X									X									
SP	NCR Corp						X														X											
SP	New York Times Co				X									X									X									
SP	Oppenheimer Hldgs Inc				X									X									X									
SP	Penn Engr & Mfg Corp				X									X									X									
SP	Peoplesoft Inc	X															X									X						S
SP	Pope Res Del Ltd Dep Rcpt					X															X											
SP	Progress Software Corp				X																X											
SP	Qualcomm Inc				X									X								X										
SP	Quantum Corp DSSG				X																X											
SP	Radioshack				X									X								X										
SP	Raymond James Fiol Inc				X									X									X									
SP	Ryans Family Steak House				X																X											
SP	Scientific Atlanta Inc					X								X								X										
SP	Skyline Corp				X									X										X								
SP	Sothebys Hldgs Cl A	X															X							X								Merger
SP	Storage Technology Corp				X																X											
SP	Sybase Inc			X																	X											
SP	The Topps Company Inc				X									X									X									
SP	Triumph Grp Inc				X																X											
SP	Universal Health REIT					X								X									X									
SP	Veritas Software Corp				X																X											P
SP	Virco MFG Co			X																	X											
SP	Washington Mutual Inc				X									X									X									
SP	Weis Markets Inc				X									X										X								

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	West Pharmaceutical Svcs Inc				X									X									X									
	Goldman Sachs - Sound Shore																															
SP	Goldman Sachs Instl Liq Asset TE MMA						X							X									X									
SP	Abbott Laboratories	X												X			X						X									P,S
SP	Aetna Inc				X									X			X						X									P,S
SP	Agilent Technologies Inc				X																X											P
SP	Air Products & Chemicals Inc	X												X			X							X								S
SP	Allstate Corp	X												X			X							X								S
SP	Ambac Financial Group Inc				X									X								X										P
SP	American Express Co	X												X			X							X								S
SP	Archer Daniels Midland Co	X												X			X								X							S
SP	Bank of America Corp	X												X			X									X						S
SP	Baxter International Inc				X																X											P
SP	Berkshire Hathaway Inc Class B					X															X											P
SP	Centurytel Inc				X									X								X										P
SP	Chubb Corp				X									X									X									P
SP	Cigna Corp				X									X								X										P
SP	Cinergy Corp	X												X			X						X									P,S
SP	Citigroup Inc	X												X			X								X							P,S
SP	Citizens Communications Co	X												X			X							X								P,S
SP	Comerica Inc				X									X									X									P
SP	CSX Corp				X									X								X										P
SP	Dana Corporation				X									X									X									P
SP	Devon Energy Corporation	X												X			X								X							P,S
SP	Directv Group Inc				X																X											P
SP	Dow Chemical Co	X												X			X								X							S
SP	E I DuPont DeNemours	X												X			X						X									P,S
SP	El Paso Corp	X												X			X						X									P,S
SP	Emerson Electric Co	X												X			X							X								S
SP	Exelon Corp	X												X			X						X									P,S
SP	Fannie Mae Cmn	X												X									X									S
SP	Fleet Boston Financial Corp	X												X			X								X							S
SP	Freddie Mac Cmn					X								X									X									P
SP	Georgia-Pacific Corp				X									X								X										P
SP	Hartford Financial Srvcs Grp Inc	X												X			X								X							S
SP	Hewlett-Packard Inc				X									X								X										P,S
SP	Honda Mtr Ltd ADR				X									X								X										P
SP	International Paper Co	X												X			X							X								P,S
SP	Interpublic Group Cos				X																X											P
SP	Intl Business Machines Corp	X												X			X						X									S
SP	Johnson & Johnson	X												X			X							X								P,S
SP	Kellogg Co	X												X			X								X							S

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excerpted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	Keyspan Corp	X												X			X						X									S
SP	Kimberly Clark Corp	X												X			X								X							S
SP	L-3 Communications Hldgs Inc			X										X			X									X						P,S
SP	Laboratory Corporation of Amer				X																X											P
SP	Liberty Media Corp				X												X					X											P,S
SP	Lockheed Martin Corp	X												X			X							X								P,S
SP	McDonalds Corp				X									X									X									P
SP	Mellon Financial Corp	X												X			X								X							S
SP	Merrill Lynch Co Inc	X												X			X								X							S
SP	Metlife Inc	X															X								X							P,S
SP	Motorola Inc	X												X			X									X						S
SP	Northrop Grumman Corp	X												X			X								X							S
SP	Novartis AG ADR	X															X							X								S
SP	Pfizer Inc	X												X			X								X							S
SP	PPG Industries Inc	X												X			X								X							S
SP	PPL Corporation	X												X			X						X									S
SP	Reed Elsevier PLC ADR	X												X			X								X							P,S
SP	Roche Holding AG ADR	X												X			X								X							P,S
SP	SBC Communications Inc	X												X			X							X								S
SP	Schering-Plough Corp	X												X			X						X									S
SP	Sears Roebuck & Co	X												X			X							X								S
SP	SPX Corporation				X									X									X									P
SP	St Paul/ Travelers Ppty Casualty Cos Inc	X												X			X							X								S
SP	Suntrust Banks Inc	X												X			X								X							S
SP	Syngenta AG ADR	X															X											X				S
SP	Texas Instruments Inc				X									X								X										P
SP	Textron Inc	X												X			X							X								P,S
SP	Thermo Electron Corp				X																X											P
SP	Time Warner Inc				X																X											P
SP	Tribune Co	X															X						X									S
SP	TXU Corp	X												X			X							X								P,S
SP	Tyco International Ltd				X									X								X										P
SP	Unumprovident Corporation				X																X											P
SP	US Bancorp				X									X									X									P
SP	Verizon Communications	X												X			X						X									P,S
SP	Waste Management Inc				X									X									X									P
SP	Watson Pharmaceuticals Inc				X																X											P
	Goldman Sachs - Boston Company																															
SP	Goldman Sachs Instl Liq Asset TE MMA							X						X										X								
SP	ABN Amro Hlds Nv ADR			X										X								X										P
SP	Aegon NV ADR			X										X			X						X									P,S
SP	Aktiebolaget Electrolux ADR				X												X						X									P,S

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D												
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income												
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Business Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	Akzo Nobel NV ADR	X												X			X																PS
SP	Alps Electric Ltd ADR			X										X			X						X										PS
SP	Ameor Ltd ADR				X									X								X											P
SP	Arcelor ADR	X												X			X						X										PS
SP	BAA PLC ADR			X																	X												P
SP	BAE Systems PLC ADR			X										X			X						X										PS
SP	Bank Fukuoka Ltd ADR				X									X								X											PS
SP	Bank of East Asia Ltd ADR			X										X								X											P
SP	Bank of Ireland ADR				X												X					X											PS
SP	Barclays PLC ADR			X										X			X						X										PS
SP	Benetton Group SPA ADR			X													X					X											PS
SP	BNP Paribas ADR				X																X												P
SP	BOC Group PLC ADR			X																	X												P
SP	Boots Group PLC ADR			X																	X												P
SP	BT Group PLC ADR				X									X			X						X										PS
SP	Bunzl PLC ADR				X																X												P
SP	Canon Inc ADR				X																X												P
SP	Centrica PLC ADR			X										X								X											PS
SP	China Mobile Hong Kong Ltd ADR			X										X								X											P
SP	Citic Pacific Ltd ADR			X										X								X											P
SP	Danske Bk ADR			X													X						X										PS
SP	DBS Group Holdings Spon ADR				X									X			X					X											PS
SP	Deutsche Bank AG				X												X					X											PS
SP	Deutsche Lufthansa AG ADR				X												X					X											PS
SP	DSM NV ADR			X										X			X					X											PS
SP	E On AG ADR				X												X					X											PS
SP	Endesa SA ADR				X																X												P
SP	Energias Electricidade De Portugal ADR			X																	X												P
SP	Fortis (NL) NV ADR				X												X					X											PS
SP	France Telecom SA ADR				X												X							X									PS
SP	Fuji Heavy Ind Ltd ADR			X										X								X											P
SP	Fuji Photo ADR				X									X			X						X										PS
SP	Funai Electric Co ADR				X																X												PS
SP	GKN PLC ADR				X									X								X											P
SP	Glaxosmithkline PLC ADR				X									X								X											P
SP	Hachijuni Bank Ltd ADR				X									X								X											PS
SP	Hellenic Telecom Organization ADR	X															X							X									PS
SP	Honda Mtr Ltd ADR				X									X			X						X										PS
SP	J Sainsbury PLC ADR			X																	X												P
SP	KAO Corp ADR				X									X			X					X											PS
SP	Koninklijke Philips Electr NV ADR				X																X												P
SP	Korea Electric Power ADR			X																	X												P

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											
		A	B	C	D	E	F	G	H	I	J	K	L								I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
		None	$1 - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,00	$25,000,001 - $50,000,0	Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	None	$1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	
SP	KT Corporation ADR			X																	X											P
SP	Lloyds TSB Group PLC ADR			X										X								X										P
SP	Marks & Spencer PLC ADR			X																	X											P
SP	Minebea Co Ltd ADR					X															X											P
SP	National Australia Bank Ltd ADR				X									X									X									P
SP	Nedcor Ltd ADR				X									X			X						X									P,S
SP	Nestle SA ADR				X																X											P
SP	Nippon Teleg & Tel ADR				X									X								X										P,S
SP	Nokia Corp ADR			X																	X											P
SP	Novartis AG ADR				X																X											P
SP	Olympus Corporation ADR				X									X								X										P
SP	Rexam PLC ADR			X										X								X										P
SP	San Paolo-Imi SPA ADR			X																	X											P
SP	Sanofi -Aventis ADR				X									X								X										P
SP	Scottish & Southern Ener ADR	X												X			X							X								P,S
SP	Scottish Power PLC ADR			X																	X											P
SP	Sekisui Homes Ltd ADR				X									X								X										P
SP	Shinsei Bank Ltd Tokyo ADR	X															X						X									P,S
SP	Shiseido Homes Ltd ADR				X									X			X						X									P,S
SP	Sumitomo Mitsui Finl Group Inc ADR				X																X											P
SP	Swiss Reinsurance ADR				X																X											P
SP	TDK Corporation			X										X								X										P
SP	Telecomunicacoes Brasileiras SA ADR			X																	X											P
SP	Telefonos De Mexico SA ADR			X										X								X										P
SP	Thomson SA ADR			X													X								X							P,S
SP	TIM Participacoes SA ADR	X															X						X									P,S
SP	Toyota Motor Corporation ADR				X									X								X										P
SP	UBS AG Cam Isin				X																X											P
SP	Unilever PLC ADR				X									X								X										P
SP	United Microelectronics Corp ADR			X																	X											P
SP	United Overseas Bk Ltd ADR				X																X											P
SP	UPM-Kymmene Corp ADR				X																X											P
SP	Valeo ADR				X																X											P
SP	Vodafone Group PLC ADR			X																	X											P
SP	Volkswagon AG ADR				X																X											P
SP	Wolters Klawer ADR			X																	X											P,S
SP	Zurich Financial Svcs ADR			X																	X											P
	Goldman Sachs - Transamerica Account																															
SP	Goldman Sachs Insti Liq Asset TE MMA				X									X									X									
SP	3M Co	X												X			X									X						P,S
SP	Abbott Laboratories	X												X			X							X								P,S
SP	Accenture Ltd	X															X										X					P,S

JANE HARMAN
SCHEDULE B1 ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excerpted Trust	Qualified Bling Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	Aetna Inc	X															X								X							P,S
SP	Aflac Inc	X												X			X						X									P,S
SP	Air Products & Chemicals Inc	X												X			X						X									S
SP	Allergan Inc					X															X											P
SP	Amer Intl Grp Inc	X															X				X											S
SP	Amgen Inc	X															X				X											P,S
SP	Apache Corp	X												X			X						X									P,S
SP	Apollo Group Cl A	X															X								X							P,S
SP	Apple Computer Inc	X															X							X								P,S
SP	Avon Products Inc	X												X			X						X									P,S
SP	Biogen IDEC Inc	X															X									X						S
SP	Boston Scientific Corp	X															X								X							P,S
SP	Broadcom Corp Cl A	X															X								X							P,S
SP	Carnival Corporation	X												X			X															P
SP	Chicago Mercantile Hldgs Inc				X									X							X											P,S
SP	Cisco Systems Inc	X															X									X						P,S
SP	Citigroup Inc	X												X			X															P,S
SP	Coach Inc	X															X							X								P,S
SP	Coca Cola Inc	X												X									X									P,S
SP	Colgate Palmolive Co	X												X											X							P,S
SP	Danaher Corp	X															X									X						P,S
SP	Dell Computer Corp	X															X								X							P,S
SP	Ebay Inc	X												X										X								P
SP	Echostar Communications Corp					X											X									X						S
SP	Electronic Arts	X												X									X									S
SP	Eli Lilly & Co	X																			X											P
SP	Expeditors Intl Wash Inc					X											X								X							S
SP	Fannie Mae Cmn	X												X			X								X							P,S
SP	Fedex Corp	X												X							X											P
SP	First Data Corporation					X											X								X							P,S
SP	Franklin Resources Inc	X															X									X						P,S
SP	Genentech Inc					X								X			X								X							P,S
SP	General Electric Co	X												X			X								X							P,S
SP	Gilead Sciences	X												X								X										P
SP	Gillette Co					X											X							X								P,S
SP	Golden West Financial Corp	X															X						X									S
SP	Harley-Davidson Inc	X															X								X							S
SP	Hewlett-Packard Inc	X												X			X									X						P,S
SP	Intel Corp	X												X			X				X											P
SP	Intuit Inc					X																		X								P,S
SP	Johnson & Johnson	X												X			X						X									P,S
SP	Juniper Networks Inc	X															X															

JANE HARMAN
SCHEDULE III ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B												BLOCK C							BLOCK D											
Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	Lexmark International Inc				X																X											P
SP	Liberty Media Intl Inc					X															X											P
SP	Lowes Cos Inc	X												X			X									X						S
SP	Marriott International Inc					X															X											P
SP	Marvel Technology Group Ltd	X															X								X							P,S
SP	Maxim Integrated Products Inc	X												X			X								X							P,S
SP	McDonalds Corp	X															X							X								P,S
SP	Medtronic Inc	X												X			X								X							P,S
SP	Merck & Co Inc (Sold 2003 post ex-div)	X												X									X									
SP	Merrill Lynch Co Inc	X												X			X								X							P,S
SP	Metlife Inc	X												X			X							X								P,S
SP	Microsoft Corp					X								X			X								X							P,S
SP	Moodys Corp					X															X											P
SP	News Corporation Ltd ADR	X												X			X								X							P,S
SP	Nike Class-B Cmn	X												X			X									X						P,S
SP	Nokia Corp ADR	X												X									X									S
SP	Northern Trust Corp					X															X											P
SP	Novartis AG ADR	X															X							X								P,S
SP	Novell Inc	X															X						X									S
SP	Oracle Corp	X															X							X								P,S
SP	Paychex Inc					X								X								X										P,S
SP	Pepsico Inc	X												X			X									X						S
SP	Pfizer Inc	X												X			X								X							P,S
SP	Praxair Inc					X															X											P
SP	Procter & Gamble Co	X												X			X									X						P,S
SP	Qualcomm Inc					X															X											P
SP	Safeco Corp	X												X			X								X							P,S
SP	Sandisk Corp				X																X											P
SP	SAP Aktiengesellschaft ADR	X												X			X								X							P,S
SP	St Jude Medical Inc	X															X									X						P,S
SP	Staples Inc					X															X											P
SP	Starbucks Corp	X															X									X						P,S
SP	Stryker Corp	X												X			X								X							P,S
SP	Symantec Corp			X													X								X							P,S
SP	Sysco Corp	X												X			X								X							P,S
SP	Target Corp	X															X						X									P,S
SP	Teva Pharmaceutical Ind Ltd ADR	X												X			X									X						P,S
SP	Texas Instruments Inc	X															X							X								P,S
SP	Tyco International Ltd	X															X								X							P,S
SP	United Parcel Service Inc					X								X			X								X							P,S
SP	United Technologies Corp	X												X			X									X						S
SP	Verisign Inc	X															X							X								P,S

JANE HARMAN
SCHEDULE III A ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

BLOCK A		BLOCK B											BLOCK C							BLOCK D											
Asset and/or Income Source		Value of Asset											Type of Income							Amount of Income											
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	
SP	Viacom Inc	X											X														X					S
SP	Vodafone Grp PLC ADR	X											X			X																P,S
SP	Wachovia Corp	X											X			X								X								P,S
SP	Walgreen Co					X							X			X									X							P
SP	Weight Watchers Inc				X															X												P
SP	Wellpoint Inc					X														X												S
SP	Wyeth (FKA Amer Home Prod Corp)	X											X									X										P
SP	XM Satellite Radio Hldgs Inc					X										X				X			X									P,S
SP	XTO Energy Corp	X														X										X						P,S
SP	Yahoo! Inc	X														X																P
SP	Zimmer Hldgs Inc					X														X												P

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	*Goldman Sachs - Brokerage Account*														
SP	Goldman Sachs High Yeld Muni Fund Class A	X			09/14/04				X						
SP	Goldman Sachs Core Fixed Inc A Mutual Fund	X			07/11/50						X				
SP	Goldman Sachs Short Duration Govt Mutual Fund		X		12/31/04					X					
SP	*Goldman Sachs - Boston Co Account*														
SP	Aegon NV Amer Reg ADR	X			5 Transactions		X								
SP	Aktiebolaget Electrolux ADR	X			6 Transactions			X							
SP	ALPS Electric Ltd ADR	X			5 Transactions			X							
SP	Amcor Ltd ADR	X			5 Transactions		X								
SP	Arcelor Sponsored ADR	X			05/27/04	X									
SP	Bank Fukuoka Ltd ADR	X			03/10/04	X									
SP	Bank of Ireland Spon ADR	X			03/16/04	X									
SP	Barclays PLC ADR	X			04/05/04	X									
SP	Benetton Group SPA ADR	X			5 Transactions		X								
SP	Boots Group PLC ADR	X			4 Transactions		X								
SP	BT Group PLC ADR	X			2 Transactions		X								
SP	Bunzl PLC Spon ADR	X			01/13/04	X									
SP	Canon Inc ADR	X			08/10/04	X									
SP	China Mobile Hong Kong Ltd Spon ADR	X			3 Transactions	X									
SP	Citic Pacific Ltd Spon ADR	X			08/24/04	X									
SP	Danske Bk A/S ADR	X			3 Transactions		X								
SP	DBS Group Holdings Spon ADR	X			11/03/04	X									
SP	Deutsche Bank AG	X			3 Transactions		X								
SP	Deutsche Lufthansa AG Spon ADR	X			4 Transactions		X								
SP	DSM NV Spon ADR	X			2 Transactions		X								
SP	Eisai Co Ltd Spon ADR	X			03/09/04	X									
SP	Energias/Electricidade De Portugal SA Spon ADR	X			12/10/04	X									
SP	Fortis (NL) NV Spon ADR	X			02/03/04		X								
SP	France Telecom SA Spon ADR	X			11 Transactions			X							
SP	Fuji Photo ADR	X			04/05/04	X									
SP	Fanai Electric Co Ltd ADR	X			5 Transactions			X							
SP	GKN PLC Spon ADR	X			05/10/04	X									
SP	Glaxosmithkline PLC Spon ADR	X			3 Transactions		X								
SP	Koninklijke Phiulips Electrs NV ADR	X			3 Transactions		X								
SP	KT Corporation Spon ADR	X			03/18/04		X								
SP	Lloyds TSB Group PLC Spon ADR	X			4 Transactions		X								
SP	Minebea Co Ltd Spon ADR	X			7 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	National Australia Bank Ltd Spon ADR	X			4 Transactions		X								
SP	Nedcor Ltd Spon ADR	X			2 Transactions		X								
SP	Nestle SA Spon ADR	X			4 Transactions		X								
SP	Nippon Teleg & Tel Spon ADR	X			10 Transactions			X							
SP	Nokia Corp Spon ADR	X			05/25/04	X									
SP	EDP Electricidade De Portugal ADR	X			03/08/04	X									
SP	Olympus Corporation Spon ADR	X			5 Transactions			X							
SP	Peugeot SA Spon ADR	X			02/13/04		X								
SP	Rexam PLC ADR	X			2 Transactions		X								
SP	Sanofi-Aventis Spon ADR	X			4 Transactions		X								
SP	Santos Ltd Spon ADR	X			2 Transactions	X									
SP	Schering AG Spon ADR	X			4 Transactions			X							
SP	Scottish & Southern Ener ADR	X			05/27/04		X								
SP	Scottish Power PLC Spon ADR	X			6 Transactions		X								
SP	Sekisui Homes Ltd Spon ADR	X			06/03/04	X									
SP	Shinsei Bank Ltd Tokyo Spon ADR	X			10/07/04	X									
SP	Sumitomo Mitsui Finl Grp Inc ADR	X			5 Transactions			X							
SP	Swiss Reinsurance Spon ADR	X			4 Transactions		X								
SP	TDK Corporation ADR	X			11/29/04	X									
SP	Telecomunicacoes Brasileiras SA ADR	X			2 Transactions	X									
SP	Thomson SA Spon ADR	X			03/12/04	X									
SP	Unilever PLC Spon ADR	X			10 Transactions		X								
SP	United Microelectronics Corp Spon ADR	X			3 Transactions	X									
SP	United Overseas Bk Ltd Spon ADR	X			5 Transactions		X								
SP	Upm-Kymmene Corp Spon ADR	X			2 Transactions		X								
SP	Valeo Spon ADR	X			7 Transactions			X							
SP	Vodaphone Group PLC Spon ADR	X			08/09/04	X									
SP	Volkswagen AG Spon ADR	X			2 Transactions		X								
SP	Wolters Kluwer Spon ADR	X			10/01/04	X									
SP	ABN Amro Hldg NV Spon ADR		X		01/29/04	X									
SP	Aegon NV Amer Reg ADR		X		2 Transactions	X									
SP	Aktiebolaget Electrolux ADR		X		3 Transactions		X								
SP	ALPS Electric Ltd ADR		X		3 Transactions		X								
SP	Arcelor Sponsored ADR		X		2 Transactions		X								
SP	Aventis Spon ADR		X		8 Transactions				X						
SP	BAE Systems PLC Spon ADR		X		11/17/04	X									
SP	Bank Fukuoka Ltd ADR		X		2 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	Bank of Ireland Spon ADR		X		7 Transactions		X								
SP	Barclays Pl C ADR		X		2 Transactions		X								
SP	Benetton Group SPA ADR		X		09/29/04	X									
SP	BOC Group PLC Spon ADR		X		3 Transactions		X								
SP	BT Group PLC ADR		X		07/08/04	X									
SP	Buhrmann NV Spon ADR		X		2 Transactions	X									
SP	Canon Inc ADR		X		2 Transactions		X								
SP	Centrica PLC Spon ADR		X		2 Transactions	X									
SP	Danske Bk A/S ADR		X		3 Transactions		X								
SP	DBS Group Holdings Spon ADR		X		2 Transactions		X								
SP	Deutsche Bank AG		X		3 Transactions		X								
SP	Deutsche Lufthansa AG Spon ADR		X		11/03/04		X								
SP	DSM NV Spon ADR		X		2 Transactions		X								
SP	E.ON AG Spon ADR		X		6 Transactions			X							
SP	Energias/Electricidade De Portugal Spon ADR		X		4 Transactions		X								
SP	Eisai Co Ltd Spon ADR		X		8 Transactions			X							
SP	ENI SPA Spon ADR		X		06/23/04	X									
SP	Fortis (NL) NV Spon ADR		X		3 Transactions		X								
SP	France Telecom SA Spon ADR		X		10 Transactions			X							
SP	Fuji Photo ADR		X		2 Transactions		X								
SP	Funai Electric Co Ltd ADR		X		2 Transactions	X									
SP	GKN PLC Spon ADR		X		01/06/04	X									
SP	Hachijuni Bank Ltd ADR		X		7 Transactions	X									
SP	Hellenic Telecom Organizaton SA ADS		X		6 Transactions		X								
SP	Honda Mtr Ltd ADR		X		12 Transactions		X								
SP	KAO Corp Spon ADR		X		2 Transactions		X								
SP	Marks and Spencer PLC Spon ADR		X		3 Transactions		X								
SP	MTR Corp Ltd Spon ADR		X		4 Transactions		X								
SP	Nedcor Ltd Spon ADR		X		2 Transactions	X									
SP	Nestle SA Spon ADR		X		5 Transactions		X								
SP	Nippon Teleg & Tel Spon ADR		X		2 Transactions			X							
SP	Nokia Corp Spon ADR		X		02/13/04	X									
SP	Novartis AG-ADR Spon ADR		X		2 Transactions		X								
SP	Peugeot SA Spon ADR		X		04/20/04		X								
SP	Portugal Telecom SGPS Sa Spon ADR		X		3 Transactions		X								
SP	Rexam PLC ADR		X		2 Transactions	X									
SP	Santos Ltd Spon ADR		X		5 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN 1987 REVOCABLE TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	Schering AG Spon ADR		X		7 Transactions			X							
SP	Scottish & Southern Ener ADR		X		2 Transactions		X								
SP	Sekisui Homes Ltd Spon ADR		X		03/19/04	X									
SP	Shinsei Bank Ltd Tokyo Spon ADR		X		11/29/04	X									
SP	Shiseido Co Ltd Spon ADR		X		3 Transactions		X								
SP	Sun Hung Kai Prop Ltd Spon ADR		X		01/15/04		X								
SP	Swire Pacific Ltd Spon ADR		X		3 Transactions		X								
SP	TDK Corporation ADR		X		3 Transactions		X								
SP	Telecentro Oeste Celular Participacoes SA ADR		X		01/05/04	X									
SP	Telecom Corp of New Zealand ADR		X		3 Transactions		X								
SP	Thomson SA Spon ADR		X		4 Transactions			X							
SP	TIM Participacoes SA Spon ADR		X		10/29/04	X									
SP	Toyota Motor Corp Spon ADR		X		2 Transactions		X								
SP	UBS AG Cmn Isin		X		4 Transactions		X								
SP	United Microelectronics Corp Spon ADR		X		2 Transactions	X									
SP	Upm-Kymmene Corp Spon ADR		X		05/03/04	X									
SP	Wolters Kluwer Spon ADR		X		2 Transactions		X								
SP	Zurich Financial Services Spon ADR		X		3 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	*Goldman Sachs - Brokerage Account*														
SP	Goldman Sachs High Yield Muni Fund Class A	X			09/14/04						X				
SP	AB Svensk Exportkredit 2/28/07	X			12/06/04						X				
SP	Goldman Sachs Core Fixed Inc A Mutual Fund		X		3 Transactions							X			
SP	Goldman Sachs Emerging Markets Eq Class A		X		08/03/04						X				
SP	Goldman Sachs Growth Opportunities Class A		X		4 Transactions							X			
SP	Goldman Sachs High Yield Mutual Fund Class A		X		04/02/04						X				
SP	Goldman Sachs High Yield Muni Fund Class A		X		12/15/04						X				
SP	*Goldman Sachs MFS LC Val Account (Trsfr to Sound Shore)*														
SP	Abbot Laboratories	X			2 Transactions		X								
SP	Accenture Ltd	X			04/28/04	X									
SP	Bank One Corp	X			3 Transactions		X								
SP	Baxter International Inc	X			2 Transactions	X									
SP	Burlington Northern Santa Fe Corp	X			04/30/04		X								
SP	Cinergy Corp	X			02/18/04	X									
SP	Citigroup Incorporated	X			3 Transactions	X									
SP	Comcast Corporation	X			01/06/04	X									
SP	E I Du Pont De Nemours	X			2 Transactions		X								
SP	Exelon Corp	X			2 Transactions	X									
SP	Hewlett-Packard Co	X			05/06/04	X									
SP	International Paper Co	X			02/18/04	X									
SP	JP Morgan Chase & Co	X			03/31/04		X								
SP	Johnson & Johnson	X			01/21/04	X									
SP	Lockheed Martin Corp	X			3 Transactions	X									
SP	Met Life Inc	X			03/17/04	X									
SP	New York Times C	X			01/13/04	X									
SP	Reed Elsevier PLC Spon ADR	X			01/08/04	X									
SP	Roche Holding AG ADR	X			01/21/04	X									
SP	Sprint Corp-Fon Group Tracking Stock	X			3 Transactions		X								
SP	TXU Corp	X			04/14/04	X									
SP	Verizon Communications	X			02/13/04	X									
SP	Viacom Inc Cl-B	X			03/03/04	X									
SP	Bank of America Corp		X		03/31/04		X								
SP	Cinergy Corp		X		04/15/04	X									
SP	Emerson Electric Co		X		01/14/04	X									
SP	Fleet Boston Financial Corp		X		02/04/04	X									
SP	Hospira Inc		X		05/12/04	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	**Keyspan Corporation**		X		02/11/04	X									
SP	**Kimberly Clark Corp**		X		05/06/04	X									
SP	**Motorola Inc**		X		3 Transactions	X									
SP	**Northrop Grumman Corp**		X		03/24/04	X									
SP	**Novartis AG-ADR Spon ADR**		X		2 Transactions		X								
SP	**EDP Electricidade De Portugal ADR**		X		2 Transactions		X								
SP	**Reed Elsevier PLC Spon ADR**		X		03/04/04	X									
SP	**SBC Communications Inc**		X		3 Transactions		X								
SP	**Schering-Plough Corp**		X		02/18/04		X								
SP	**Sears Roebuck & Co**		X		02/06/04	X									
SP	**Suntrust Banks Inc**		X		03/19/04	X									
SP	**Tribune Co**		X		2 Transactions	X									
SP	**TXU Corp**		X		01/09/04	X									
SP	**Union Pacific Corp**		X		05/04/04		X								
SP	***Goldman Sachs - Boston Company Account***														
SP	**Aegon NV Amer Reg ADR**	X			5 Transactions	X									
SP	**Aktiebolaget Electrolux ADR**	X			6 Transactions		X								
SP	**Alps Electric LTD ADR**	X			5 Transactions		X								
SP	**Amcor Ltd ADR**	X			5 Transactions		X								
SP	**Arcelor Spon ADR**	X			05/27/04	X									
SP	**Bank Fukuoka Ltd ADR**	X			03/10/04	X									
SP	**Bank of Ireland Spon ADR**	X			03/16/04	X									
SP	**Barclays PLC ADR**	X			04/02/04	X									
SP	**Benetton Group SPA ADR**	X			5 Transactions	X									
SP	**BNP Paribas Spon ADR**	X			3 Transactions	X									
SP	**Boots Group PLC ADR**	X			4 Transactions	X									
SP	**BT Group PLC ADR**	X			2 Transactions	X									
SP	**Bunzl PLC Spon ADR**	X			01/13/04	X									
SP	**Canon Inc ADR**	X			08/10/04	X									
SP	**China Mobile Hong Kong LTD Spon ADR**	X			3 Transactions	X									
SP	**Citic Pacific Ltd Spon ADR**	X			08/24/04	X									
SP	**Danske BK A/S ADR**	X			3 Transactions	X									
SP	**DBS Group Holdings Spon ADR**	X			11/03/04	X									
SP	**Deutsche Bank AG**	X			3 Transactions	X									
SP	**Deutsche Lufthansa AG Spon ADR**	X			3 Transactions	X									
SP	**DSM NV Spon ADR**	X			2 Transactions	X									
SP	**Eissi Co Ltd Spon ADR**	X			03/09/04	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	Energias/Electricidade De Portugal SA Spon ADR	X			12/10/04	X									
SP	Fortis (NL) NV Spon ADR	X			02/03/04	X									
SP	France Telecom SA Spon ADR	X			11 Transactions		X								
SP	Fuji Photo ADR	X			04/05/04	X									
SP	Funai Electric Co Ltd ADR	X			5 Transactions		X								
SP	GKN PLC Spon ADR	X			05/10/04	X									
SP	Glaxosmithkline PLC Spon ADR	X			3 Transactions	X									
SP	Koninklijke Philips Electrs NV ADR	X			3 Transactions	X									
SP	KT Corporation Spon ADR	X			03/18/04	X									
SP	Lloyds TSB Group PLC Spon ADR	X			4 Transactions	X									
SP	Minebea Co Ltd Spon ADR	X			7 Transactions	X									
SP	National Australia Bank Ltd Spon ADR	X			4 Transactions	X									
SP	Nedcor Ltd Spon ADR	X			2 Transactions	X									
SP	Nestle SA Spon ADR	X			4 Transactions	X									
SP	Nippon Teleg & Tel Spon ADR	X			9 Transactions		X								
SP	Nokia Corp Spon ADR	X			05/25/04	X									
SP	Novartis AG-ADR Spon ADR	X			03/08/04	X									
SP	Olympus Corporation Spon ADR	X			5 Transactions		X								
SP	Peugeot SA Spon ADR	X			02/13/04	X									
SP	Rexam PLC SDR	X			2 Transactions	X									
SP	Sanofi-Aventis Spon ADR	X			4 Transactions		X								
SP	Santos Ltd Spon ADR	X			2 Transactions	X									
SP	Schering AG Spon ADR	X			4 Transactions		X								
SP	Scottish & Southern Ener ADR	X			05/27/04	X									
SP	Scottish Power PLC Spon ADR	X			6 Transactions		X								
SP	Sekisui Homes Ltd Spon ADR	X			06/03/04	X									
SP	Shinsei Bank Ltd Tokyo Spon ADR	X			10/07/04	X									
SP	Sumitomo Mitsui Fiol Group Inc ADR	X			5 Transactions		X								
SP	Swiss Reinsurance Spon ADR	X			4 Transactions		X								
SP	TDK Corporation ADR	X			11/29/04	X									
SP	Telecomunicacoes Brasileiras SA ADR	X			2 Transactions	X									
SP	Thomson SA Spon ADR	X			03/12/04	X									
SP	Unilever PLC Spon ADR	X			10 Transactions	X									
SP	United Microelectronics Corp Spon ADR	X			3 Transactions	X									
SP	United Overseas Bk Ltd Spon ADR	X			5 Transactions		X								
SP	UPM-Kymmene Corp Spon ADR	X			2 Transactions	X									
SP	Valeo Spon ADR	X			7 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

Asset		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	Vodafone Group PLC Spon ADR	X			08/09/04	X									
SP	Volkswagon AG Spon ADR	X			2 Transactions	X									
SP	Wolters Kluwer Spon ADR	X			10/01/04	X									
SP	ABN Amro Hlds NV Spon ADR		X		01/29/04	X									
SP	Aegon NV Amer Reg ADR		X		2 Transactions	X									
SP	Aktiebolaget Electrolux ADR		X		3 Transactions	X									
SP	Alps Electric LTD ADR		X		3 Transactions	X									
SP	Arcelor Spon ADR		X		2 Transactions	X									
SP	Aventis Spon ADR		X		8 Transactions		X								
SP	BAE Systems PLC Spon ADR		X		2 Transactions	X									
SP	Bank Fukuoka Ltd ADR		X		2 Transactions	X									
SP	Bank of Ireland Spon ADR		X		2 Transactions	X									
SP	Barclays PLC ADR		X		2 Transactions	X									
SP	Benetton Group SPA ADR		X		09/29/04	X									
SP	BOC Group PLC Spon ADR		X		3 Transactions	X									
SP	BT Group PLC ADR		X		2 Transactions	X									
SP	Buhrmann NV Spon ADR		X		2 Transactions	X									
SP	Canon Inc ADR		X		2 Transactions	X									
SP	Centrica PLC Spon ADR		X		2 Transactions	X									
SP	Danske BK A/S ADR		X		3 Transactions	X									
SP	DBS Group Holdings Spon ADR		X		2 Transactions	X									
SP	Deutsche Bank AG		X		3 Transactions	X									
SP	Deutsche Lufthansa AG Spon ADR		X		11/03/04	X									
SP	DSM NV Spon ADR		X		2 Transactions	X									
SP	E.ON AG Spon ADR		X		6 Transactions		X								
SP	Energias/Electricidade De Portugal Spon ADR		X		4 Transactions	X									
SP	Eisai Co Ltd Spon ADR		X		8 Transactions		X								
SP	ENI SPA Spon ADR		X		06/23/04	X									
SP	Fortis (NL) NV Spon ADR		X		3 Transactions		X								
SP	France Telecom SA Spon ADR		X		10 Transactions		X								
SP	Fuji Photo ADR		X		2 Transactions	X									
SP	Funai Electric Co Ltd ADR		X		2 Transactions	X									
SP	GKN PLC Spon ADR		X		01/06/04	X									
SP	Hachijuni Bank Ltd ADR		X		7 Transactions	X									
SP	Hellenic Telecom Organization SA ADR		X		6 Transactions	X									
SP	Honda Mtr Ltd ADR		X		12 Transactions	X									
SP	KAO Corp Spon ADR		X		2 Transactions	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

Asset		Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	Marks & Spencer PLC Spon ADR		X		3 Transactions	X									
SP	MTR Corp Ltd Spon ADR		X		4 Transactions	X									
SP	Nedcor Ltd Spon ADR		X		2 Transactions	X									
SP	Nestle SA Spon ADR		X		5 Transactions		X								
SP	Nippon Teleg & Tel Spon ADR		X		2 Transactions		X								
SP	Nokia Corp Spon ADR		X		02/13/04	X									
SP	Novartis AG-ADR Spon ADR		X		2 Transactions	X									
SP	Peugeot SA Spon ADR		X		2 Transactions	X									
SP	Portugal Telecom SGPS SA Spon ADR		X		3 Transactions	X									
SP	Rexam PLC SDR		X		2 Transactions	X									
SP	Santos Ltd Spon ADR		X		5 Transactions	X									
SP	Schering AG Spon ADR		X		7 Transactions		X								
SP	Scottish & Southern Ener ADR		X		2 Transactions	X									
SP	Sekisui Homes Ltd Spon ADR		X		03/19/04	X									
SP	Shinsei Bank Ltd Tokyo Spon ADR		X		11/29/04	X									
SP	Shiseido Co Ltd Spon ADR		X		3 Transactions	X									
SP	Sun Hung Kai Prop Ltd Spon ADR		X		01/15/04	X									
SP	Swire Pacific Ltd Spon ADR		X		3 Transactions	X									
SP	TDK Corporation ADR		X		3 Transactions	X									
SP	Telecom Corp of New Zealand ADR		X		4 Transactions	X									
SP	Thomson SA Spon ADR		X		4 Transactions		X								
SP	Toyota Motor Corp Spon ADR		X		2 Transactions	X									
SP	UBS AG		X		4 Transactions		X								
SP	United Microelectronics Corp Spon ADR		X		2 Transactions	X									
SP	UPM-Kymmene Corp Spon ADR		X		05/03/04	X									
SP	Wolters Kluwer Spon ADR		X		2 Transactions	X									
SP	Zurich Financial Services Spon ADR		X		3 Transactions	X									
SP	*Goldman Sachs - Sound Shore Account (Trsfr Frm MFS LC Val)*														
SP	Aetna Inc	X			05/27/04		X								
SP	Agilent Technologies Inc	X			13 Transactions		X								
SP	AMBAC Financial Group Inc	X			05/27/04		X								
SP	Baxter International Inc	X			2 Transactions		X								
SP	Berkshire Hathaway Inc Class B	X			3 Transactions			X							
SP	Centurytel Inc	X			4 Transactions		X								
SP	Chubb Corp	X			05/27/04		X								
SP	Cigna Corp	X			2 Transactions		X								
SP	Citizens Communications Co	X			2 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	Comerica Inc	X			2 Transactions		X								
SP	Countrywide Financial Corp	X			2 Transactions		X								
SP	CSX Corp	X			11 Transactions		X								
SP	Dana Corporation	X			2 Transactions		X								
SP	Devon Energy Corporation	X			2 Transactions		X								
SP	Directv Group Inc	X			4 Transactions		X								
SP	El Paso Corp	X			2 Transactions		X								
SP	Freddie Mac	X			4 Transactions		X								
SP	Georgia-Pacific Corp	X			5 Transactions		X								
SP	Hewlett-Packard Co	X			6 Transactions		X								
SP	Honda Mtr Ltd ADR	X			2 Transactions		X								
SP	Interpublic Group Cos	X			7 Transactions		X								
SP	L-3 Communications Hldgs Inc	X			2 Transactions		X								
SP	Laboratory Corp Amer Hldgs	X			05/27/04		X								
SP	Liberty Media Corp	X			4 Transactions		X								
SP	McDonalds Corp	X			4 Transactions		X								
SP	McKesson Corporation	X			2 Transactions	X									
SP	Merck & Co	X			09/30/04		X								
SP	Nokia Corp Spon ADR	X			2 Transactions		X								
SP	Safeway Inc	X			2 Transactions		X								
SP	SPX Corporation	X			4 Transactions		X								
SP	Texas Instruments Inc	X			4 Transactions		X								
SP	Textron Inc	X			2 Transactions	X									
SP	Thermo Electron Corp	X			2 Transactions		X								
SP	Time Warner Inc	X			3 Transactions		X								
SP	Tyco International Ltd	X			2 Transactions		X								
SP	US Bancorp	X			05/27/04		X								
SP	Unumprovident Corporation	X			6 Transactions		X								
SP	Waste Management Inc	X			3 Transactions		X								
SP	Watson Pharmaceuticals Inc	X			5 Transactions		X								
SP	Abbott Laboratories		X		05/27/04		X								
SP	Accenture Ltd		X		05/27/04	X									
SP	Aetna Inc		X		11/29/04	X									
SP	Air Products & Chemicals Inc		X		05/27/04		X								
SP	American Express Co		X		05/24/04	X									
SP	Archer Daniels Midland Co		X		5/27//04		X								
SP	Bank of America Corp		X		05/27/04			X							

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

Asset		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	Bank One Corp		X		05/27/04		X								
SP	Burlington Northern Santa Fe Corp		X		05/27/04		X								
SP	Cinergy Corp		X		05/27/04	X									
SP	Citigroup Incorporated		X		05/27/04			X							
SP	Citizens Communications Co		X		11 Transactions		X								
SP	Comcast Corporation		X		05/27/04		X								
SP	Countrywide Financial Corp		X		6 Transactions		X								
SP	Devon Energy Corporation		X		07/27/04		X								
SP	Dow Chemical Co		X		05/27/04		X								
SP	E I Du Pont De Nemours		X		05/27/04		X								
SP	El Paso Corp		X		07/27/04		X								
SP	Emerson Electric Co		X		05/27/04	X									
SP	Exelon Corp		X		05/27/04		X								
SP	Fannie Mae Common		X		05/27/04		X								
SP	Hartrford Financial Srvcs Group		X		05/27/04		X								
SP	Hewlett-Packard Co		X		2 Transactions	X									
SP	International Paper Co		X		05/27/04		X								
SP	Intl Business Machines Corp		X		05/27/04	X									
SP	JP Morgan Chase & Co		X		05/27/04	X									
SP	Johnson & Johnson		X		05/27/04		X								
SP	Kellogg Company		X		05/27/04		X								
SP	Kimberly Clark Corp		X		05/27/04		X								
SP	L-3 Communications Hldgs Inc		X		7 Transactions		X								
SP	Liberty Media Corp		X		06/09/04	X									
SP	Lockheed Martin Corp		X		05/27/04		X								
SP	McKesson Corporation		X		3 Transactions	X									
SP	Mellon Financial Corp		X		05/27/04		X								
SP	Merck & Co		X		2 Transactions		X								
SP	Merrill Lynch Co Inc		X		05/27/04		X								
SP	Metlife Inc		X		05/27/04		X								
SP	New York Times Co		X		05/27/04	X									
SP	Nokia Corp Spon ADR		X		5 Transactions		X								
SP	Northrop Grumman Corp		X		05/27/04		X								
SP	PPG Industries Inc		X		05/27/04		X								
SP	PPL Corporation		X		05/27/04	X									
SP	Reed Elsevier PLC Spon ADR		X		05/27/04		X								
SP	Roche Holding AG ADR		X		05/27/04		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
SIDNEY HARMAN CHARITABLE REMAINDER TRUST

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	Safeway Inc		X		7 Transactions		X								
SP	Sprint Corp-Fon Group Tracking Stock		X		05/27/04		X								
SP	St Paul Travelers Companies Inc		X		05/27/04		X								
SP	Suntrust Banks Inc		X		05/27/04		X								
SP	Syngenta AG Spon ADR		X		05/27/04		X								
SP	Textron Inc		X		4 Transactions	X									
SP	TXU Corp		X		05/27/04	X									
SP	Verizon Communications		X		05/27/04		X								
SP	Viacom Inc Cl-B		X		05/27/04		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
GOLDMAN SACHS - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
DC	Goldman Sachs Growth Opportunities Class A	X			12/20/04	X									
DC	Goldman Sachs Emerging Markets Equity Class A	X			12/20/04	X									
DC	Goldman Sachs Large Cap Value Class A	X			12/20/04	X									
DC	Goldman Sachs Internatl Growth Opportunities Class A	X			12/20/04	X									
DC	Goldman Sachs Real Estate Class A	X			12/20/04	X									
DC	Goldman Sachs Japanese Equity Class A	X			12/20/04	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	*Partnerships*														
SP	Blum Strategic Partners II LP	X			4 Transactions							X			
SP	JBG/Fund III Investor LLC	X			3 Transactions				X						
SP	*Bear Stearns Account*														
SP	ABN Amro Holding NV	X			07/07/04		X								
SP	Aegon NV ADR	X			07/07/04		X								
SP	Astrazeneca PLC	X			07/07/04		X								
SP	AXA-UAP-ADR	X			07/07/04		X								
SP	Barclays PLC ADR	X			07/07/04		X								
SP	Cadbury Schweppes PLC ADR	X			07/07/04		X								
SP	Canon Inc ADR	X			07/07/04		X								
SP	Danske Bank ADR	X			07/07/04		X								
SP	Endesa SA ADR	X			07/07/04		X								
SP	ENI SPA ADR	X			07/07/04	X									
SP	Glaxosmithkline PLC ADR	X			07/07/04		X								
SP	HSBC Holdings PLC	X			07/07/04		X								
SP	ING Groep NV ADR	X			07/07/04		X								
SP	Ishares Trust	X			07/07/04			X							
SP	KAO Corp ADR	X			07/07/04	X									
SP	Lloyds TSB Group PLC ADR	X			07/07/04		X								
SP	Nestle SA ADR	X			07/07/04		X								
SP	Nokia Corp ADR	X			07/07/04		X								
SP	Novartis AG ADR	X			07/07/04		X								
SP	San Paolo-Imi SPA ADR	X			07/07/04		X								
SP	Sanofi Aventis ADR	X			07/07/04		X								
SP	Siemens AG ADR	X			07/07/04		X								
SP	Societe Generale ADR	X			07/07/04		X								
SP	UBS AG	X			07/07/04		X								
SP	Unilever PLC ADR	X			07/07/04		X								
SP	*Fidelity Investments Account (Closed)*														
SP	Fidelity Ca Muni MM		X		05/11/04						X				
SP	Julius Baer Int'l Equity		X		05/11/04						X				
SP	*Goldman Sachs - Brokerage Account*														
SP	Goldman Sachs High Yield Muni Fund	X			2 Transactions						X				
SP	Goldman Sachs Group Inc 0% 1/7/10 Topix Index	X			03/31/04					X					
SP	Goldman Sachs Japanese Equity Class A	X			11/30/04					X					
SP	AB Svensk Exportkredit 2/28/07	X			12/06/04					X					

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,0	Over $50,000,000
SP	Goldman Sachs High Yield Mutual Fund		X		3 Transactions							X			
SP	Goldman Sachs Group Inc 0% 1/7/10 Topix Index		X		12/02/04					X					
SP	*Goldman Sachs - Dresdner/RCM Account (Trsfr to Trnsamerco)*														
SP	3M Co	X			5 Transactions			X							
SP	Abbott Laboratories	X			5 Transactions		X								
SP	EDP Electricidade De Portugal ADR	X			2 Transactions	X									
SP	Aetna Inc	X			4 Transactions		X								
SP	AFLAC Incorporated	X			4 Transactions		X								
SP	Agilent Technologies Inc	X			4 Transactions		X								
SP	Anthem Inc	X			3 Transactions		X								
SP	Apache Corp	X			03/24/04	X									
SP	Apollo Group	X			2 Transactions		X								
SP	Apple Computer Inc	X			4 Transactions		X								
SP	ASML Holdlng ADR	X			02/20/04	X									
SP	Avon Products Inc	X			6 Transactions		X								
SP	Bed Bayth & Beyond Inc	X			11/15/04		X								
SP	Biogen Idec Inc	X			8 Transactions			X							
SP	Broadcom Corp	X			2 Transactions		X								
SP	Career Education Crop	X			4 Transactions		X								
SP	Carnival Corporation	X			11 Transactions			X							
SP	Cisco Systems Inc	X			3 Transactions		X								
SP	Citigroup Incorporated	X			06/14/04	X									
SP	Coach Inc	X			3 Transactions		X								
SP	Coca-Cola Co	X			3 Transactions		X								
SP	Colgate-Palmolive Co	X			2 Transactions	X									
SP	Corning Incorporated	X			3 Transactions		X								
SP	Danaher Corporation	X			3 Transactions		X								
SP	Dell Inc	X			2 Transactions	X									
SP	Dollar Genl Crop	X			07/07/29	X									
SP	Ebay Inc	X			2 Transactions		X								
SP	Fedex Corp	X			5 Transactions		X								
SP	Fifth Third Bancorp	X			2 Transactions		X								
SP	Franklin Resources Inc	X			3 Transactions		X								
SP	General Electric Co	X			10/08/04	X									
SP	Gilead Sciences	X			4 Transactions		X								
SP	Gillette Co	X			4 Transactions		X								
SP	Golden West Financial Corp	X			2 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	Google Inc	X			4 Transactions		X								
SP	Guidant Corporation	X			4 Transactions		X								
SP	Honeywell Intl Inc	X			4 Transactions		X								
SP	Ingersoll-Rand Company	X			5 Transactions		X								
SP	Intel Corp	X			2 Transactions	X									
SP	Intl Game Technology	X			2 Transactions		X								
SP	Johnson & Johnson	X			3 Transactions		X								
SP	Juniper Networks Inc	X			04/29/04	X									
SP	M&T Bank Corporation	X			01/08/04		X								
SP	Marvell Technology Group Ltd	X			4 Transactions		X								
SP	Maxim Integrated Products Inc	X			2 Transactions		X								
SP	McDonalds Corp	X			2 Transactions		X								
SP	Medtronic Inc	X			7 Transactions		X								
SP	Merrill Lynch Co Inc	X			3 Transactions	X									
SP	Metlife Inc	X			4 Transactions		X								
SP	Microsoft Corporation	X			4 Transactions		X								
SP	Motorola Inc	X			3 Transactions		X								
SP	News Corporation Ltd ADR	X			4 Transactions		X								
SP	Nike Class B	X			7 Transactions		X								
SP	Novartis AG Spon ADR	X			5 Transactions		X								
SP	Oracle Corporation	X			2 Transactions	X									
SP	Paychex Inc	X			2 Transactions		X								
SP	Pfizer Inc	X			08/27/04	X									
SP	Procter & Gamble Co	X			5 Transactions		X								
SP	Qualcomm Inc	X			6 Transactions		X								
SP	Red Hat Inc	X			01/09/04	X									
SP	Safeco Corp	X			2 Transactions		X								
SP	SAP Aktiengesellschaft Spon ADR	X			2 Transactions		X								
SP	St Jude Medical Inc	X			2 Transactions	X									
SP	Starbucks Corp	X			10/04/04	X									
SP	Stryker Corp	X			03/25/04	X									
SP	Symantec Corp	X			5 Transactions		X								
SP	Sysco Corp	X			2 Transactions		X								
SP	Target Corp	X			11/22/04		X								
SP	Teva Pharamceutical Ind Ltd ADS	X			4 Transactions		X								
SP	Texas Instruments Inc	X			10/29/04		X								
SP	Travelers Property Casualty Corp	X			2 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	Tribune Co	X			04/01/04		X								
SP	Tyco International Ltd	X			7 Transactions		X								
SP	United Parcel Service Inc	X			3 Transactions		X								
SP	Verisign Inc	X			11/17/04	X									
SP	Veritas Software Corporation	X			05/03/04	X									
SP	Viacom Inc	X			01/30/04	X									
SP	Wachovia Corp	X			3 Transactions		X								
SP	Walgreen Co	X			5 Transactions		X								
SP	Willis Group Holdings Ltd	X			02/23/04		X								
SP	XTO Energy Corp	X			2 Transactions	X									
SP	Yahoo! Inc	X			3 Transactions	X									
SP	3M Co		X		7 Transactions				X						
SP	Accenture Ltd		X		5 Transactions		X								
SP	AFLAC Incorporated		X		3 Transactions		X								
SP	Agilent Technologies Inc		X		7 Transactions		X								
SP	Air Products & Chemicals Inc		X		03/25/04		X								
SP	Amer Intl Group Inc		X		2 Transactions		X								
SP	Amgen Inc		X		5 Transactions			X							
SP	Anthem Inc		X		3 Transactions		X								
SP	Apache Corp		X		2 Transactions	X									
SP	Apollo Group		X		3 Transactions		X								
SP	ASML Holding ADR		X		5 Transactions		X								
SP	Avon Products Inc		X		8 Transactions		X								
SP	Biogen Idec inc		X		4 Transactions	X									
SP	Boston Scientific Corp		X		8 Transactions			X							
SP	Cardinal Health Inc		X		2 Transactions		X								
SP	Career Education Crop		X		5 Transactions	X									
SP	Carnival Corporation		X		3 Transactions		X								
SP	Cisco Systems Inc		X		8 Transactions			X							
SP	Citigroup Incorporated		X		4 Transactions		X								
SP	Coca-Cola Co		X		5 Transactions			X							
SP	Colgate-Palmolive Co		X		3 Transactions		X								
SP	Corning Incorporated		X		08/24/04		X								
SP	Danaher Corporation		X		2 Transactions		X								
SP	Dell Inc		X		5 Transactions			X							
SP	Dollar Genl Crop		X		07/08/04	X									
SP	Ebay Inc		X		2 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	Electronic Arts		X		6 Transactions		X								
SP	Eli Lilly & Co		X		5 Transactions		X								
SP	Fannie Mae Cmn		X		4 Transactions			X							
SP	Fifth Third Bancorp		X		3 Transactions		X								
SP	Franklin Resources Inc		X		2 Transactions		X								
SP	Genentech Inc		X		6 Transactions			X							
SP	General Electric Co		X		5 Transactions				X						
SP	Gilead Sciences		X		3 Transactions		X								
SP	Guidant Corporation		X		4 Transactions		X								
SP	Harley-Davidson Inc		X		2 Transactions		X								
SP	Hewlett-Packard Co		X		3 Transactions		X								
SP	Honeywell Intl Inc		X		10/20/04		X								
SP	Ingersoll-Rand Company		X		4 Transactions		X								
SP	Intel Corp		X		11 Transactions				X						
SP	Intl Game Technology		X		10/05/04		X								
SP	Johnson & Johnson		X		10 Transactions			X							
SP	Juniper Networks Inc		X		2 Transactions	X									
SP	Lowes Companies Inc		X		7 Transactions			X							
SP	M&T Bank Corporation		X		03/22/04		X								
SP	Maxim Integrated Products Inc		X		2 Transactions		X								
SP	McDonalds Corp		X		3 Transactions		X								
SP	Medtronic Inc		X		5 Transactions			X							
SP	Merrill Lynch Co Inc		X		04/08/04		X								
SP	Microchip Technology		X		03/31/04		X								
SP	Microsoft Corporation		X		11 Transactions				X						
SP	Motorola Inc		X		4 Transactions		X								
SP	News Corporation Ltd ADR		X		04/08/04	X									
SP	Nike Class B		X		4 Transactions		X								
SP	Nokia Corp Spon ADR		X		2 Transactions		X								
SP	Novell Inc		X		2 Transactions		X								
SP	Oracle Corporation		X		5 Transactions			X							
SP	Paychex Inc		X		4 Transactions		X								
SP	Pepsico Inc		X		2 Transactions		X								
SP	Pfizer Inc		X		9 Transactions				X						
SP	Procter & Gamble Co		X		4 Transactions			X							
SP	Red Hat Inc		X		2 Transactions	X									
SP	Safeco Corp		X		5 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	SAP Aktieagesellschaft Spon ADR		X		3 Transactions		X								
SP	St Jude Medical Inc		X		7 Transactions			X							
SP	Travelers Property Casualty Corp		X		4 Transactions		X								
SP	Starbucks Corp		X		5 Transactions			X							
SP	Stryker Corp		X		8 Transactions		X								
SP	Symantec Corp		X		2 Transactions	X									
SP	Sysco Corp		X		6 Transactions		X								
SP	Teva Pharamceutical Ind Ltd ADS		X		7 Transactions		X								
SP	Tribune Co		X		6 Transactions		X								
SP	Tyco International Ltd		X		3 Transactions	X									
SP	United Parcel Service Inc		X		04/08/04	X									
SP	United Technologies Corp		X		8 Transactions			X							
SP	Veritas Software Corporation		X		8 Transactions		X								
SP	Viacom Inc		X		4 Transactions		X								
SP	Vodafone Group PLC Spon ADR		X		5 Transactions			X							
SP	Wachovia Corp		X		04/08/04	X									
SP	Walgreen Co		X		5 Transactions			X							
SP	Willis Group Holdings Ltd		X		2 Transactions		X								
SP	Wyeth		X		7 Transactions			X							
SP	XTO Energy Corp		X		2 Transactions	X									
SP	Yahoo! Inc		X		4 Transactions		X								
SP	*Goldman Sachs - MFS LC Val (Trsfrd to Sound Shore)*														
SP	Abbott Laboratories	X			2 Transactions		X								
SP	Accenture Ltd	X			04/28/04	X									
SP	Bank One Corp	X			3 Transactions	X									
SP	Baxter International Inc	X			2 Transactions	X									
SP	Burlington Northern Santa Fe Corp	X			05/06/04		X								
SP	Cinergy Corp	X			02/18/04	X									
SP	Citigroup Incorporated	X			3 Transactions	X									
SP	Comcast Corporation	X			01/05/04	X									
SP	El DuPont De Nemours & Co	X			2 Transactions	X									
SP	Exelon Corp	X			3 Transactions	X									
SP	Hewlett-Packard Co	X			05/01/04	X									
SP	International Paper Co	X			02/18/04	X									
SP	JP Morgan Chase & Co	X			03/31/04	X									
SP	Johnson & Johnson	X			01/22/04	X									
SP	Lockheed Martin Corp	X			3 Transactions	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,0	Over $50,000,000
SP	Metlife Inc	X			03/14/04	X									
SP	New York Times Co	X			01/14/04	X									
SP	Reed Elsevier PLC Spon ADR	X			01/07/04	X									
SP	Roche Holding AG ADR	X			01/22/04	X									
SP	Sprint Corp - FON Group Tracking Stock	X			3 Transactions		X								
SP	TXU Corp	X			04/20/04	X									
SP	Verizon Communications	X			02/13/04	X									
SP	Viacom Inc	X			03/03/04	X									
SP	Allstate Corporation		X		01/06/04	X									
SP	Bank of America Corp		X		03/31/04	X									
SP	Cinergy Corp		X		04/15/04	X									
SP	Emerson Electric Co		X		01/13/04	X									
SP	Fleet Boston Financial Corp		X		02/04/04	X									
SP	Hospira Inc		X		05/12/04	X									
SP	Keyspan Corporation		X		02/05/04	X									
SP	Kimberly Clark Corp		X		05/06/04	X									
SP	Motorola Inc		X		3 Transactions	X									
SP	Northrop Grumman Corp		X		03/24/04	X									
SP	Novartis AG Spon ADR		X		2 Transactions	X									
SP	Pfizer Inc		X		2 Transactions		X								
SP	Reed Elsevier PLC Spon ADR		X		03/05/04	X									
SP	SBC Communications Inc		X		2 Transactions		X								
SP	Schering-Plough Corp		X		03/01/04		X								
SP	Sears Roebuck & Co		X		02/10/04	X									
SP	Suntrust Banks Inc		X		03/18/04	X									
SP	Tribune Co		X		2 Transactions	X									
SP	TXU Corp		X		01/09/04	X									
SP	Union Pacific Corp		X		05/04/04		X								
SP	*Goldman Sachs - Franklin PCG Account*														
SP	Murray City Salt Lake UT 4.25% 6/1/19	X			11/20/04				X						
SP	San Buenaventura CA 4.75% 3/1/20	X			12/01/04				X						
SP	*Goldman Sachs - Wasatch SC Val Account*														
SP	Accredited Home Lenders Hldg Co	X			2 Transactions	X									
SP	Adminstaff Inc	X			2 Transactions	X									
SP	Aftermarket Technology Corp	X			5 Transactions	X									
SP	American Home Mtg Invt Corp	X			5 Transactions	X									
SP	Americredit Corp	X			9 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	AMN Healthcare Services Inc	X			5 Transactions	X									
SP	Apollo Investment Corporation	X			3 Transactions	X									
SP	Arbor Realty Trust Inc	X			2 Transactions	X									
SP	ASE Test Ltd	X			3 Transactions	X									
SP	Beacon Roofing Supply Inc	X			09/23/04	X									
SP	Big Lots Inc	X			02/20/04	X									
SP	Bombay Company Inc	X			2 Transactions	X									
SP	Capital Senior Living Corp	X			3 Transactions	X									
SP	Casual Male Retail Grp Inc	X			6 Transactions	X									
SP	Concord Communications Inc	X			5 Transactions	X									
SP	Direct General Corp Inc	X			9 Transactions	X									
SP	Dollar Tree Stores Inc	X			09/15/04	X									
SP	Doral Financial Corp	X			3 Transactions	X									
SP	Drew Industries	X			3 Transactions	X									
SP	Falcon Financial Investment	X			3 Transactions	X									
SP	Franklin Bank Corp	X			6 Transactions	X									
SP	Friedman Billings Ramsey	X			3 Transactions	X									
SP	FTI Consulting Inc	X			3 Transactions	X									
SP	Gevity Hr Inc	X			3 Transactions	X									
SP	Global Imaging Services Inc	X			3 Transactions	X									
SP	Government Ppties Trust Inc	X			01/27/04	X									
SP	Group 1 Automotive Inc	X			2 Transactions	X									
SP	Harvest Natrl Resources Inc	X			05/12/04	X									
SP	Hawthorne Fiancial Corp	X			3 Transactions	X									
SP	Homebanc Corp	X			6 Transactions	X									
SP	Hovanian K Enterprises Inc	X			2 Transactions	X									
SP	Hub International Ltd	X			3 Transactions	X									
SP	Integrated Alarm Services Grp	X			5 Transactions	X									
SP	Keystone Automotive Inds Inc	X			6 Transactions	X									
SP	Kirklands Inc	X			4 Transactions	X									
SP	KMG America Corporation	X			7 Transactions	X									
SP	Knology Inc	X			2 Transactions	X									
SP	Lithia Motors Inc	X			05/13/04	X									
SP	Luminent Mortgage Capital Inc	X			3 Transactions	X									
SP	MDC Holdings Inc	X			3 Transactions	X									
SP	McGrath Rentcorp	X			4 Transactions	X									
SP	Meritage Corpostion	X			08/06/04	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	MFA Mortgage Investments	X			02/18/04	X									
SP	Micrel Inc	X			4 Transactions	X									
SP	Microfinancial Inc	X			2 Transactions	X									
SP	Mission Resources Corp	X			3 Transactions	X									
SP	Mobile Mini Inc	X			2 Transactions	X									
SP	Molina Healtcbare Inc	X			2 Transactions	X									
SP	Monro Moffler Brake Inc	X			7 Transactions	X									
SP	Mortgageit Holdings Inc	X			2 Transactions	X									
SP	Multi-Fineline Electronix Inc	X			4 Transactions	X									
SP	NVR Inc	X			4 Transactions	X									
SP	Nanometrics Inc	X			5 Transactions	X									
SP	National RV Hldgs Inc	X			4 Transactions	X									
SP	NBTY Inc	X			4 Transactions	X									
SP	New Century Financial Corp	X			2 Transactions	X									
SP	Newcastle Invt Corp	X			2 Transactions	X									
SP	Northstar Realty Finance Corp	X			4 Transactions	X									
SP	PAM Transportation Svcs Inc	X			2 Transactions	X									
SP	Pacificare Health Systems Inc	X			4 Transactions	X									
SP	Peak International Ltd	X			2 Transactions	X									
SP	Pericom Semiconductor Corp	X			6 Transactions	X									
SP	Placer Sierra Bancshares	X			2 Transactions	X									
SP	Plains Expl & Prod Co LP	X			2 Transactions	X									
SP	QC Holdings Inc	X			07/16/04	X									
SP	Quality Distribution Inc	X			6 Transactions	X									
SP	Redwood Trust Inc	X			2 Transactions	X									
SP	Rent-A-Center Inc	X			05/17/04	X									
SP	Rewards Network Inc	X			8 Transactions	X									
SP	Saxon Capital Inc	X			4 Transactions	X									
SP	Sea Containers Ltd	X			12/06/04	X									
SP	Select Comfort Corporation	X			12/23/04	X									
SP	Sipex Corporation	X			5 Transactions	X									
SP	Sola International Inc	X			2 Transactions	X									
SP	Sonic Automotive Inc	X			4 Transactions	X									
SP	Supertex Inc	X			2 Transactions	X									
SP	Swift Transportation	X			6 Transactions	X									
SP	Thornburg Mtg Inc	X			05/11/04	X									
SP	TTM Technologies Inc	X			5 Transactions	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	United Panam Financial Corp	X			01/06/04	X									
SP	USI Holding Corp	X			8 Transactions	X									
SP	Vitran Corp Inc	X			5 Transactions	X									
SP	Accredited Home Lenders Hldg Co		X		2 Transactions	X									
SP	Action Performance Companies Inc		X		8 Transactions	X									
SP	Adminisitaff Inc		X		11/23/04	X									
SP	Aftermarket Technology Corp		X		11/23/04	X									
SP	Ameriea Service Group		X		4 Transactions	X									
SP	American Finl Rlty		X		3 Transactions	X									
SP	American Home Mtg Invt Corp		X		11/23/04	X									
SP	Americas Car Mart Inc		X		01/07/04	X									
SP	Americredit Corp		X		2 Transactions	X									
SP	AMN Healthcare Services Inc		X		2 Transactions	X									
SP	Anworth Mortgage Asset Corp		X		2 Transactions	X									
SP	Apollo Investment Corporation		X		11/23/04	X									
SP	Apria Healthcare Group		X		5 Transactions	X									
SP	Arbor Realty Trust Inc		X		11/23/04	X									
SP	ASE Test Ltd		X		11/23/04	X									
SP	Beacon Roofing Supply Inc		X		11/23/04	X									
SP	Beazer Homes USA Inc		X		2 Transactions	X									
SP	Big 5 Sporting Goods Corp		X		3 Transactions	X									
SP	Big Lots Inc		X		2 Transactions	X									
SP	Bombay Company Inc		X		08/06/04	X									
SP	Capital Automotive REIT		X		5 Transactions	X									
SP	Capital Senior Living Corp		X		11/23/04	X									
SP	Casual Male Retail Grp Inc		X		3 Transactions	X									
SP	Cato Corporation		X		3 Transactions	X									
SP	Centene Corporation		X		3 Transactions	X									
SP	Chattem Inc		X		6 Transactions	X									
SP	Coinstar Inc		X		2 Transactions	X									
SP	Commercial Cap Bancorp Inc		X		2 Transactions	X									
SP	Concord Communications Inc		X		11/23/04	X									
SP	Core Laboratories NV		X		8 Transactions	X									
SP	Direct General Corp Inc		X		11/23/04	X									
SP	Dollar Tree Stores Inc		X		11/23/04	X									
SP	Doral Financial Corp		X		11/23/04	X									
SP	Excel Technology Inc		X		3 Transactions	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	Falcon Financial Investment		X		11/23/04	X									
SP	Fidelity National Financl Inc		X		2 Transactions	X									
SP	First Cmnty Bancorp		X		2 Transactions	X									
SP	First State Bancorporation		X		06/09/04	X									
SP	Franklin Bank Corp		X		11/23/04	X									
SP	Friedman Billings Ramsey		X		6 Transactions		X								
SP	FTI Consulting Inc		X		2 Transactions	X									
SP	Genesco Inc		X		02/12/04	X									
SP	Global Imaging Services Inc		X		7 Transactions	X									
SP	Government Ppties Trust Inc		X		03/04/04	X									
SP	Group 1 Automotive Inc		X		11/23/04	X									
SP	Hanover Capital Mortgage Hldgs Inc		X		04/22/04	X									
SP	Harvest Natrl Resources Inc		X		11/23/04	X									
SP	Health Care Property Inv Inc		X		3 Transactions	X									
SP	Helco Corp		X		4 Transactions	X									
SP	Hooker Furniture Corp		X		2 Transactions	X									
SP	Hub International Ltd		X		2 Transactions	X									
SP	Integrated Alarm Services Grp		X		11/23/04	X									
SP	Jarden Corp		X		2 Transactions	X									
SP	Keystone Automotive Inds Inc		X		11/23/04	X									
SP	Kirklands Inc		X		11/23/04	X									
SP	Lithia Motors Inc		X		3 Transactions	X									
SP	LNR Property Corp		X		2 Transactions	X									
SP	Luminent Mortgage Capital Inc		X		2 Transactions	X									
SP	MDC Holdings Inc		X		11/23/04	X									
SP	Marinemax Inc		X		10 Transactions	X									
SP	Maxwell Shoe Company Inc		X		02/02/04	X									
SP	MCG Capital Corp		X		3 Transactions	X									
SP	McGrath Rentcorp		X		11/23/04	X									
SP	Meritage Corpostion		X		3 Transactions	X									
SP	MFA Mortgage Investments		X		04/07/04	X									
SP	Micrel Inc		X		11/23/04	X									
SP	Mission Resources Corp		X		2 Transactions	X									
SP	Mobile Mini Inc		X		5 Transactions		X								
SP	Molina Healthcare Inc		X		4 Transactions	X									
SP	Monro Muffler Brake Inc		X		11/23/04	X									
SP	Mortgageit Holdings Inc		X		11/23/04	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	Movie Gallery Inc		X		3 Transactions	X									
SP	NVR Inc		X		3 Transactions	X									
SP	Nanometrics Inc		X		4 Transactions	X									
SP	Nara Bancorp Inc		X		4 Transactions	X									
SP	National RV Hldgs Inc		X		4 Transactions	X									
SP	Navigant International Inc		X		7 Transactions	X									
SP	NBTY Inc		X		7 Transactions		X								
SP	New Century Financial Corp		X		11/23/04	X									
SP	Newcastle Invt Corp		X		11/23/04	X									
SP	Nextel Partners Inc		X		6 Transactions	X									
SP	Northstar Realty Finance Corp		X		11/23/04	X									
SP	Novastar Financial Inc		X		03/09/04	X									
SP	Nu Horizons Electronics Corp		X		11/23/04	X									
SP	O'Charleys Inc		X		2 Transactions	X									
SP	O'Reilly Automotive		X		4 Transactions	X									
SP	Orient Express Hotels Ltd		X		3 Transactions	X									
SP	PAM Transportation Svcs Inc		X		06/29/04	X									
SP	Pacificare Health Systems Inc		X		4 Transactions	X									
SP	Peak International Ltd		X		3 Transactions	X									
SP	Pericom Semiconductor Corp		X		11/23/04	X									
SP	Placer Sierra Bancshares		X		11/23/04	X									
SP	Plains Expl & Prod Co LP		X		11/23/04	X									
SP	QC Holdings Inc		X		08/12/04	X									
SP	Quality Distribution Inc		X		11/23/04	X									
SP	RC2 Corp		X		2 Transactions	X									
SP	Redwood Trust Inc		X		11/23/04	X									
SP	Rehabcare Group Inc		X		02/02/04	X									
SP	Rewards Network Inc		X		11/23/04	X									
SP	Rent-A-Center Inc		X		2 Transactions	X									
SP	Saxon Capital Inc		X		2 Transactions	X									
SP	School Specialty Inc		X		5 Transactions	X									
SP	Scottish Annty & Life Hldgs Ltd		X		11/23/04	X									
SP	Shaw Group Inc		X		01/15/04	X									
SP	Sipex Corporation		X		11/23/04	X									
SP	SM&A		X		11/23/04	X									
SP	Sola International Inc		X		7 Transactions	X									
SP	Sonic Automotive Inc		X		2 Transactions	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	Sunrise Senior Living Inc		X		6 Transactions	X									
SP	Supertex Inc		X		11/23/04	X									
SP	Swift Transportation		X		11/23/04	X									
SP	TCF Financial Corp		X		2 Transactions	X									
SP	Technology Investment Cap Corp		X		11/23/04	X									
SP	Thor Industries Inc		X		3 Transactions	X									
SP	Thornburg Mtg Inc		X		2 Transactions	X									
SP	Toll Brothers Inc		X		11/23/04	X									
SP	TTM Technologies Inc		X		11/23/04	X									
SP	US Physical Therapy Inc		X		11/23/04	X									
SP	United Panam Financial Corp		X		11/23/04	X									
SP	United Rentals Inc		X		2 Transactions	X									
SP	USA Truck Inc		X		11/23/04	X									
SP	USI Holding Corp		X		11/23/04	X									
SP	Vitran Corp Inc		X		11/23/04	X									
SP	Washington Federal Inc		X		03/01/04	X									
SP	Whitehall Jewellers Inc		X		11/23/04	X									
SP	Winnebago Industries Inc		X		2 Transactions	X									
SP	World Acceptance Corp		X		2 Transactions	X									
SP	*Goldman Sachs - PCM Core Account*														
SP	Alltel Corporation	X			2 Transactions		X								
SP	Banknorth Group Inc	X			05/12/04		X								
SP	Countrywide Financial Corp	X			2 Transactions		X								
SP	Federated Department Stores Inc	X			12/28/04		X								
SP	Health Management Assoc	X			05/05/04		X								
SP	Hewlett-Packard Co	X			2 Transactions		X								
SP	Media General Inc	X			03/05/04		X								
SP	Veritas Software Corporation	X			09/27/04		X								
SP	Apple Computer Inc		X		5 Transactions			X							
SP	Charter One Financial Inc		X		2 Transactions		X								
SP	Connecticut Bankshares Inc		X		04/02/04		X								
SP	Countrywide Financial Corp		X		4 Transactions			X							
SP	Peoplesoft Inc		X		12/29/04	X									
SP	Sothebys Hldgs Cl A		X		06/24/04	X									
SP	*Goldman Sachs - Sound Shore Account (Trsfrd fr MFS LC)*														
SP	Aetna Inc	X			2 Transactions		X								
SP	Agilent Technologies Inc	X			12 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,0	J $25,000,001-$50,000,0	K Over $50,000,000
SP	AMBAC Financial Group Inc	X			3 Transactions		X								
SP	Baxter International Inc	X			4 Transactions		X								
SP	Berkshire Hathaway Class B	X			3 Transactions			X							
SP	Centurytel Inc	X			5 Transactions		X								
SP	Chubb Corp	X			3 Transactions		X								
SP	Cigna Corp	X			4 Transactions		X								
SP	Citizens Communications Co	X			2 Transactions		X								
SP	Comerica Inc	X			3 Transactions		X								
SP	Countrywide Financial Corp	X			2 Transactions		X								
SP	CSX Corp	X			11 Transactions		X								
SP	Dana Corporation	X			3 Transactions		X								
SP	Devon Energy Corporation	X			2 Transactions		X								
SP	Directv Group Inc	X			3 Transactions		X								
SP	El Paso Corp	X			2 Transactions		X								
SP	Freddie Mac Cmn	X			5 Transactions		X								
SP	Georgia-Pacific Corp	X			5 Transactions		X								
SP	Hewlett-Packard Co	X			7 Transactions		X								
SP	Honda Mtr Ltd ADR	X			2 Transactions		X								
SP	Interpublic Group	X			9 Transactions		X								
SP	L-3 Communications Hldgs Inc	X			3 Transactions		X								
SP	Laboratory Corp Amer Hldgs	X			3 Transactions		X								
SP	Liberty Media Corp	X			6 Transactions		X								
SP	McDonalds Corp	X			5 Transactions		X								
SP	McKesson Corporation	X			2 Transactions	X									
SP	Merck & Co Inc	X			09/30/04	X									
SP	Nokia Corp Spon ADR	X			2 Transactions		X								
SP	Safeway Inc	X			2 Transactions		X								
SP	SPX Corporation	X			6 Transactions		X								
SP	Texas Instruments Inc	X			4 Transactions		X								
SP	Textron Inc	X			2 Transactions	X									
SP	Thermo Electron Corp	X			3 Transactions		X								
SP	Time Warner Inc	X			4 Transactions		X								
SP	Tyco International Ltd	X			4 Transactions		X								
SP	US Bancorp	X			3 Transactions		X								
SP	Unumprovident Corporation	X			6 Transactions		X								
SP	Waste Management Inc	X			4 Transactions		X								
SP	Watson Phrmaceuticals Inc	X			4 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	Abbott Laboratories		X		05/27/04		X								
SP	Accenture Ltd		X		05/27/04	X									
SP	Aetna Inc		X		11/29/04	X									
SP	Air Products & Chemicals Inc		X		05/27/04	X									
SP	American Express Co		X		05/27/04	X									
SP	Archer Daniels Midland Co		X		05/27/04		X								
SP	Bank of America Corp		X		05/27/04		X								
SP	Bank One Corp		X		05/27/04	X									
SP	Burlington Northern Santa Fe Corp		X		05/27/04		X								
SP	Cinergy Corp		X		05/27/04	X									
SP	Citigroup Incorporated		X		05/27/04		X								
SP	Citizens Communications Co		X		11 Transactions		X								
SP	Comcast Corporation		X		05/27/04		X								
SP	Countrywide Financial Corp		X		6 Transactions		X								
SP	Devon Energy Corporation		X		07/27/04		X								
SP	Dow Chemical Co		X		05/27/04	X									
SP	E I Dupont De Nemours and Co		X		05/27/04	X									
SP	El Paso Corp		X		07/27/04		X								
SP	Emerson Electric Co		X		05/27/04	X									
SP	Exelon Corp		X		05/27/04	X									
SP	Fannie Mae Cmn		X		05/27/04		X								
SP	Hartford Financial Srvcs Group		X		05/27/04		X								
SP	Hewlett-Packard Co		X		2 Transactions	X									
SP	International Paper Co		X		05/27/04	X									
SP	Intl Business Machines Corp		X		05/27/04	X									
SP	JP Morgan Chase & Co		X		05/27/04	X									
SP	Johnson & Johnson		X		05/27/04		X								
SP	Kellogg Company		X		05/27/04		X								
SP	Kimberly Clark Corp		X		05/27/04		X								
SP	L-3 Communications Hldgs Inc		X		7 Transactions		X								
SP	Liberty Media Corp		X		06/09/04	X									
SP	Lockheed Martin Corp		X		05/27/04		X								
SP	McKesson Corporation		X		3 Transactions	X									
SP	Mellon Financial Corporation		X		05/27/04		X								
SP	Merck & Co Inc		X		2 Transactions	X									
SP	Merrill Lynch Co Inc		X		05/27/04	X									
SP	Metlife Inc		X		05/27/04		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
		Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,00	J $25,000,001-$50,000,0	K Over $50,000,000
SP	New York Times Co		X		05/27/04	X									
SP	Nokia Corp Spon ADR		X		5 Transactions		X								
SP	Northrop Grumman Corp		X		05/27/04	X									
SP	PPG Industries Inc		X		05/27/04		X								
SP	PPL Corporation		X		05/27/04	X									
SP	Reed Elsevier PLC Spon ADR		X		05/27/04		X								
SP	Roche Holding AG ADR		X		05/27/04		X								
SP	Safeway Inc		X		7 Transactions		X								
SP	Sprint Corp - FON Group Tracking Stock		X		05/27/04		X								
SP	Travelers Property Casualty Corp		X		05/27/04		X								
SP	Suntrust Banks Inc		X		05/27/04		X								
SP	Syngenta AG Spon ADR		X		05/27/04		X								
SP	Textron Inc		X		4 Transactions	X									
SP	TXU Corp		X		05/27/04	X									
SP	Verizon Communications		X		05/27/04		X								
SP	Viacom Inc		X		05/27/04		X								
SP	*Goldman Sachs - Boston Company Account*														
SP	ABN Amro Hlds NV Spon ADR	X			3 Transactions	X									
SP	Aegon NV ADR	X			7 Transactions		X								
SP	Aktiebolaget Electrolux Spon ADR	X			6 Transactions		X								
SP	Akzo Nobel NV Spon ADR	X			2 Transactions	X									
SP	Alps Electric Ltd ADR	X			4 Transactions		X								
SP	Amcor Ltd ADR	X			7 Transactions		X								
SP	Arcelor Spon ADR	X			2 Transactions	X									
SP	BAA PLC Spon ADR	X			3 Transactions	X									
SP	BAE Systmens PLC Spon ADR	X			3 Transactions		X								
SP	Bank Fukuoka Ltd ADR	X			3 Transactions		X								
SP	Bank of East Asia Ltd Spon ADR	X			2 Transactions	X									
SP	Bank of Ireland Spon ADR	X			3 Transactions		X								
SP	Barclays PLC ADR	X			3 Transactions		X								
SP	Benetton Group Spa ADR	X			6 Transactions	X									
SP	BNP Paribas Spon ADR	X			3 Transactions		X								
SP	BOC Group PLC Spon ADR	X			3 Transactions	X									
SP	Boots Group PLC ADR	X			6 Transactions	X									
SP	BT Group PLC ADR	X			4 Transactions		X								
SP	Bunzl PLC Spon ADR	X			3 Transactions		X								
SP	Canon Inc ADR	X			4 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	Centrica PLC Spon ADR	X			3 Transactions	X									
SP	China Mobile Hong Kong Ltd Spon ADR	X			6 Transactions	X									
SP	Citic Pacific Ltd Spon ADR	X			08/25/04	X									
SP	Danske Bk A/S ADR	X			3 Transactions		X								
SP	DBS Group Holdings Spon ADR	X			4 Transactions		X								
SP	Deutsche Bank AG	X			4 Transactions		X								
SP	Deutsche Lufthansa AG Spon ADR	X			4 Transactions		X								
SP	DSM NV Spon ADR	X			3 Transactions	X									
SP	E.On AG Spon ADR	X			3 Transactions		X								
SP	Elsai Co Ltd Spon ADR	X			2 Transactions	X									
SP	Endesa SA ADS	X			3 Transactions		X								
SP	Energias/Electricidade De Portugal SA Spon ADR	X			2 Transactions	X									
SP	Fortis (NL) NV Spon ADR	X			3 Transactions		X								
SP	France Telecom SA Spon ADR	X			9 Transactions		X								
SP	Fuji Heavy Ind Ltd ADR	X			3 Transactions		X								
SP	Fuji Photo ADR	X			3 Transactions		X								
SP	Funai Electric Co ADR	X			6 Transactions		X								
SP	GKN PLC Spon ADR	X			3 Transactions		X								
SP	Glaxosmithkline PLC Spon ADR	X			4 Transactions		X								
SP	Hachijuni Bank Ltd ADR	X			3 Transactions		X								
SP	Hellenic Telecom Organization SA	X			2 Transactions	X									
SP	Honda Mtr Ltd ADR	X			3 Transactions		X								
SP	J Sainsbury PLC Spon ADR	X			3 Transactions	X									
SP	KAO Corp Spon ADR	X			3 Transactions		X								
SP	Koninkdijke Philips Electrs NV ADR	X			6 Transactions		X								
SP	Korea Electric Power Crp ADR	X			3 Transactions	X									
SP	KT Corporation Spon ADR	X			3 Transactions	X									
SP	Lloyeds TSB Group PLC Spon ADR	X			6 Transactions	X									
SP	Marks & Spencer PLC Spon ADR	X			3 Transactions	X									
SP	Minebea Co Ltd Spon ADR	X			8 Transactions			X							
SP	MTR Corp Ltd Spon ADR	X			07/06/04	X									
SP	National Australia Bank Ltd Spon ADR	X			7 Transactions		X								
SP	Nedcor Ltd Spon ADR	X			3 Transactions	X									
SP	Nestle Sa Spon ADR	X			7 Transactions		X								
SP	Nippon Teleg & Tel Spon ADR	X			11 Transactions		X								
SP	Nokia Corp Spon ADR	X			3 Transactions	X									
SP	Novartis AG Spon ADR	X			3 Transactions		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

	Asset	Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	Olympus Corporaton Spon ADR	X			7 Transactions		X								
SP	Rexam PLC ADR	X			3 Transactions	X									
SP	San Paolo-Imi SPA Spon ADR	X			2 Transactions	X									
SP	Sanofi-Aventis Spon ADR	X			5 Transactions		X								
SP	Santos Ltd Spon ADR	X			07/06/04	X									
SP	Schering AG Spon ADR	X			2 Transactions	X									
SP	Scottish & Southern Ener ADR	X			2 Transactions	X									
SP	Scottish Power PLC Spon ADR	X			6 Transactions	X									
SP	Sekisui Homes Ltd Spon ADR	X			3 Transactions		X								
SP	Shinsei Bank Ltd Tokyo Spon ADR	X			10/07/04	X									
SP	Shiseido Co Ltd Spon ADR	X			3 Transactions		X								
SP	Sumitomo Mitsui Finl Group Inc ADR	X			6 Transactions		X								
SP	Swire Pacific Ltd Spon ADR	X			07/06/04	X									
SP	Swiss Reinsurance Spon ADR	X			6 Transactions		X								
SP	TDK Corporation ADR	X			4 Transactions	X									
SP	Telecom Corp of New Zealand ADR	X			07/02/04	X									
SP	Telecomunicacoes Brasileiras SA ADR	X			3 Transactions	X									
SP	Telefonos De Mexico SA Spon ADR	X			3 Transactions	X									
SP	Thomson SA Spon ADR	X			3 Transactions		X								
SP	Toyota Motor Corporation Spon ADR	X			3 Transactions		X								
SP	UBS AG Cmn Isin	X			3 Transactions	X									
SP	Unilever PLC Spon ADR	X			11 Transactions	X									
SP	United Microelectronics Corp Spon ADR	X			6 Transactions	X									
SP	United Overseas Bk Ltd Spon ADR	X			6 Transactions		X								
SP	UPM-Kymmene Corp Spon ADR	X			3 Transactions		X								
SP	Valeo Spons ADR	X			8 Transactions		X								
SP	Vodafone Goup PLC Spon ADR	X			08/09/04	X									
SP	Volkswagon AG Spon ADR	X			4 Transactions		X								
SP	Wolters Kluwer Spon ADR	X			4 Transactions	X									
SP	Zurich Financial Sevices Spon ADR	X			3 Transactions	X									
SP	Aegon NV ADR		X		2 Transactions	X									
SP	Aktiebolaget Electrolux Spon ADR		X		3 Transactions	X									
SP	Akzo Nobel NV Spon ADR		X		6 Transactions	X									
SP	Alps Electric Ltd ADR		X		3 Transactions	X									
SP	Arcelor Spon ADR		X		2 Transactions	X									
SP	BAE Systimens PLC Spon ADR		X		11/17/04	X									
SP	Bank of Ireland Spon ADR		X		2 Transactions	X									

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	Barclays PLC ADR		X		2 Transactions	X									
SP	Benetton Group Spa ADR		X		09/29/04	X									
SP	BT Group PLC ADR		X		07/09/04	X									
SP	Centrica PLC Spon ADR		X		08/10/04	X									
SP	Danske Bk A/S ADR		X		3 Transactions	X									
SP	DBS Group Holdings Spon ADR		X		2 Transactions	X									
SP	Deutsche Bank AG		X		12/14/04	X									
SP	Deutsche Lufthansa AG Spon ADR		X		11/03/04	X									
SP	DSM NV Spon ADR		X		12/23/04	X									
SP	E.On AG Spon ADR		X		4 Transactions	X									
SP	Energias/Electricidade De Portugal Spon ADR		X		2 Transactions	X									
SP	Elisa Co Ltd Spon ADR		X		5 Transactions	X									
SP	Fortis (NL) NV Spon ADR		X		2 Transactions	X									
SP	France Telecom SA Spon ADR		X		10 Transactions		X								
SP	Fuji Photo ADR		X		2 Transactions	X									
SP	Funai Electric Co ADR		X		08/12/04	X									
SP	Hachijuni Bank Ltd ADR		X		5 Transactions	X									
SP	Hellenic Telecom Organization SA		X		5 Transactions	X									
SP	Honda Mtr Ltd ADR		X		10 Transactions	X									
SP	KAO Corp Spon ADR		X		07/13/04	X									
SP	MTR Corp Ltd Spon ADR		X		2 Transactions	X									
SP	Nedcor Ltd Spon ADR		X		2 Transactions	X									
SP	Nippon Teleg & Tel Spon ADR		X		07/16/04	X									
SP	Santos Ltd Spon ADR		X		2 Transactions	X									
SP	Schering AG Spon ADR		X		2 Transactions	X									
SP	Scottish & Southern Ener ADR		X		2 Transactions	X									
SP	Shiosei Bank Ltd Tokyo Spon ADR		X		11/29/04	X									
SP	Shiseido Co Ltd Spon ADR		X		3 Transactions	X									
SP	Swire Pacific Ltd Spon ADR		X		2 Transactions	X									
SP	Telecom Corp of New Zealand ADR		X		07/14/04	X									
SP	Thomson SA Spon ADR		X		4 Transactions		X								
SP	Wolters Kluwer Spon ADR		X		07/10/04	X									
SP	*Goldman Sachs - Transamerica Account (Trsfr Fr RCM LC)*														
SP	Allergan Inc	X			12/03/04			X							
SP	Chicago Mercantile Hldgs Inc	X			12/03/04		X								
SP	Echostar Communications Corp	X			12/03/04			X							
SP	Expeditors Intl Wsh Inc	X			12/03/04			X							

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001 $50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	First Data Corp	X			12/03/04			X							
SP	Genentech Inc	X			12/03/04			X							
SP	Gillette Co	X			12/03/04		X								
SP	Intuit Inc	X			12/03/04			X							
SP	Lexmark Intl Inc	X			12/03/04		X								
SP	Liberty Media Intl Inc	X			12/03/04			X							
SP	Marriott Intl Inc	X			12/03/04		X								
SP	Microsoft Corp	X			12/03/04		X								
SP	Moodys Corp	X			12/03/04			X							
SP	Northern Trust Corp	X			12/03/04			X							
SP	Paychex Inc	X			12/03/04			X							
SP	Praxair Inc	X			12/03/04			X							
SP	Qualcomm Inc	X			12/03/04		X								
SP	Sandisk Corp	X			12/03/04		X								
SP	Staples Inc	X			12/03/04			X							
SP	United Parcel Sevice Inc	X			12/03/04		X								
SP	Walgreen Co	X			12/03/04	X									
SP	Weight Watchers Inc	X			12/03/04		X								
SP	Wellpoint Inc	X			12/03/04			X							
SP	XM Satellite Radio Hldgs Inc	X			12/03/04			X							
SP	Zimmer Hldgs Inc	X			12/03/04			X							
SP	Abbott Laboratories		X		12/03/04		X								
SP	Accenture Ltd		X		12/03/04		X								
SP	Aetna Inc		X		12/03/04		X								
SP	Amgen Inc		X		12/03/04		X								
SP	Apple Computer Inc		X		12/03/04		X								
SP	Avon Products Inc		X		12/03/04	X									
SP	Bed Bath & Beyond Inc		X		12/03/04		X								
SP	Biogen Idec Inc		X		12/03/04		X								
SP	Broadcom Corp		X		12/03/04		X								
SP	Carnival Corporation		X		12/03/04			X							
SP	Cisco Systems Inc		X		12/03/04		X								
SP	Citigroup Incorporated		X		12/03/04	X									
SP	Coach Inc		X		12/03/04		X								
SP	Danaher Corporation		X		12/03/04		X								
SP	Dell Inc		X		12/03/04			X							
SP	Ebay Inc		X		12/03/04		X								

JANE HARMAN
SCHEDULE IV ATTACHMENT
JANE HARMAN 25 YEAR GRANTOR TRUST - MANAGED ACCOUNTS

Asset		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
		Purchase	Sale	Exchange	(MO/DAY/YR)	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,00	$25,000,001-$50,000,0	Over $50,000,000
SP	Fedex Corp		X		12/03/04		X								
SP	Franklin Resources Inc		X		12/03/04		X								
SP	General Electric Co		X		12/03/04			X							
SP	Gilead Sciences		X		12/03/04		X								
SP	Golden West Financial Corp		X		12/03/04		X								
SP	Google Inc		X		12/03/04		X								
SP	Johnson & Johnson		X		12/03/04		X								
SP	Marvell Technology Group Ltd		X		12/03/04			X							
SP	Maxim Integrated Products Inc		X		12/03/04		X								
SP	Medtronic Inc		X		12/03/04			X							
SP	Merrill Lynch Co Inc		X		12/03/04		X								
SP	Metlife Inc		X		12/03/04		X								
SP	News Corporation Inc		X		12/03/04		X								
SP	Nike Class B		X		12/03/04			X							
SP	Novartis AG Spon ADR		X		12/03/04		X								
SP	Oracle Corporation		X		12/03/04		X								
SP	Pepsico Inc		X		12/03/04		X								
SP	Pfizer Inc		X		12/03/04			X							
SP	Procter & Gamble Co		X		12/03/04			X							
SP	SAP Aktiengesellschaft Spon ADR		X		12/03/04		X								
SP	St Jude Medical Center Inc		X		12/03/04		X								
SP	Starbucks Corp		X		12/03/04		X								
SP	Symantec Corp		X		12/03/04		X								
SP	Target Corp		X		12/03/04		X								
SP	Teva Pharmaceutical Inc Ltd		X		12/03/04		X								
SP	Texas Instruments Inc		X		12/03/04		X								
SP	Tyco International Ltd		X		12/03/04		X								
SP	United Technologies Corp		X		12/03/04		X								
SP	Verisign Inc		X		12/03/04	X									
SP	Viacom Inc		X		12/03/04		X								
SP	Wachovia Corp		X		12/03/04		X								
SP	Yahoo! Inc		X		12/03/04			X							

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 4:11

MC (Office Use Only)

MELISSA A. HART (Full Name)

1024 LONGWORTH HOUSE OFFICE BLDG (Mailing Address)

202-225-2565 Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 4	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Melissa A. Hart	5/15/05

Name MELISSA A. HART | Page 2 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutuel funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction
SP	Mega Corp. Stock					X								X										X								P
Examples: Simon & Schuster			Indefinite																	Royalties								X			
1st Bank of Paducah, KY accounts							X									X									X						
PA SERS RETIREMENT FUND				X												X					X											
AMERICAN FUNDS IRA					X											X					X											
DOLLAR BANK					X											X							X									
MML EQUITY				X												X					X											
OPPENHEIMER AGG GROWTH				X												X					X											
OPPENHEIMER GLOBAL SEC.				X												X					X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MELISSA A. HART

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	OPPENHEIMER STRAT. BOND			X												X					X											
	CPA GRP. EXT. MKT. FUND			X												X					X											
	CPA GRP. US. TACT. ASSET			X												X					X											
	ALLNCBRSTN MNY RES													X								X										
	BAUSCH & LOMB				X									X								X										
	II - VI					X								X			X					X										
	CONCUR TECHNOLOGIES				X									X							X											
	GMAC CPN				X											X					X											
	AVAYA INC STOCK			X										X							X											
	COMCAST STOCK				X												X				X											
	CONAGRA STOCK				X												X				X											P
	DEL MONTE STOCK			X										X									X									
	DIAGEO STOCK				X									X									X									P
	GEN. ELECTRIC STOCK				X									X								X										
	LUCENT TECH STOCK				X									X							X											
	MEDTRONIC STOCK				X									X								X										
	MICROSOFT STOCK				X									X									X									
	RESPIRONICS STOCK					X											X							X								
	AMER FUNDS CAP INCOME FUND				X																X											P
	UBS BANK USA ACCT				X											X						X										P
	HEINZ COMPANY STOCK				X												X							X								S
	FREEMARKETS STOCK				X												X							X								S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MELISSA A. HART

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	PA ST SER 2RF BOND	X														X				Redemption	X											S

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Name MELISSA A. HART | Page 5 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	FREEMARKETS, INC. STOCK		X		1/04/12	X									
	HJ HEINZ COMPANY STOCK		X		6/30/04	X									
	CON AGRA FOOD INC. STOCK	X			6/30/04	X									
	PA ST SER 2RF redemption TAX exempt		X		6/15/04	X									
	DIAGEO STOCK	X			12/6/04	X									
	AMERICAN FUNDS CAP. INCOME CLASS C FUND	X			6/30/04	X									
	RMA MONEY MKT TO UBS BANK USA			X	2004	X									

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	RIPON EDUCATIONAL FUND	NOV	WASH DC-BUDAPEST-DC	Y	Y	N	N
	SECURITIES INDUSTRY ASSN	NOV	PGH - FT. LAUDERDALE - PGH	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
TRUSTEE UNCOMP NON-PROFIT	WASHINGTON & JEFFERSON COLLEGE
TRUSTEE UNCOMP NON-PROFIT	UNIVERSITY OF PITTSBURGH
TRUSTEE UNCOMP NON-PROFIT	COMMUNITY COLLEGE OF ALLEGHENY COUNTY
DIRECTOR UNCOMP NON-PROFIT	VETERANS LEADERSHIP COUNCIL
DIRECTOR UNCOMP NON-PROFIT	PITTSBURGH FILM OFFICE
DIRECTOR UNCOMP NON-PROFIT	PITTSBURGH BALLET THEATRE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 6:36

MC

(Office Use Only)

J. Dennis Hastert
(Full Name)

H-232, The Capitol Washington, DC 20515
(Mailing Address)

202-225-6398
Daytime Telephone

Filer Status ☑ Member of the U.S. House of Representatives State: IL District: 14 ☐ Officer Or Employee Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? Yes ☐ No ☑
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☑
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/16/05

1655

SCHEDULE I - EARNED INCOME

Name J. Dennis Hastert

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Illinois, Yorkville School District #115	Spouse Pension	N/A
State of Illinois Pension Fund	Pension	$31,002

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name J. Dennis Hastert

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Diageo, Washington, DC	Night of Irish Treasures Charity Event - Appearance	March 9, 2004	$2,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name J. Dennis Hastert

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Yorkville National Bank - Peronal Account	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Yorkville National Bank - Farm Account	$15,001 - $50,000	INTEREST	$1 - $200	
JT	Yorkville National Bank - Optimum Account	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Congressional Federal Credit Union	$15,001 - $50,000	INTEREST	$1 - $200	
	Northwestern Mutual Life IRA	$1,001 - $15,000	DIVIDENDS/INTEREST/CAPITAL GAINS	NONE	
SP	Northwestern Mutual Life IRA	$1,001 - $15,000	DIVIDENDS/INTEREST/CAPITAL GAINS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name J. Dennis Hastert

	Bear Stearns Mutual Fund, Dreyfus Premier S&P Stars Fund Class T	$50,001 - $100,000		NONE	
JT	Townhouse Property, Washington, DC	$250,001 - $500,000	RENT	$5,001 - $15,000	
	Regnery Publishing	Indef for book, Speaker	Royalties	NONE	
	1/4 share in 69 acres (Plano, IL.)	$250,001 - $500,000		NONE	P

SCHEDULE IV - TRANSACTIONS

Name J. Dennis Hastert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	1/4 Interest in 69 Acres (Plano, IL.)	P	02-17-04	$250,001 - $500,000

SCHEDULE V - LIABILITIES

Name J. Dennis Hastert

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Yorkville National Bank	Mortgage on 1/4 share of 69 acre land purchase, Plano, Illinios	$250,001 - $500,000
JT	EverHome Morgage	Washington, D.C. Townhouse	$50,001 - $100,000

J. Dennis Hastert
Fourteenth District
Illinois

(202) 225-0600

HAND DELIVERED

Office of the Speaker
United States House of Representatives
Washington, DC 20515

LEGISLATIVE RESOURCE CENTER
2005 JUN 14 PM 6:40
U.S. HOUSE OF REPRESENTATIVES

June 14, 2005

MC

Honorable Jeff Trandahl
Clerk
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Clerk:

Out of an abundance of caution, I am submitting amendments to my 2003 and 2004 Financial Disclosure Forms. Please call if you have any questions.

Sincerely,

J. Dennis Hastert
Speaker of the House

PRINTED ON RECYCLED PAPER

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

2005 JUN 14 PM 6:40

(Office Use Only)

J. Dennis Hastert
(Full Name)

H-232 of the Capitol Washington, DC 20515
(Mailing Address)

202-225-6398
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: IL District: 14	☐ Officer Or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☑ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Dennis Hastert	6-14-05

1663

SCHEDULE I - EARNED INCOME

Name J. Dennis Hastert

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of Illinois, Yorkville School District #115	Spouse Pension	N/A
State of Illinois Pension	Pension	$31,002
Farm	Spouse income	N/A
1/4 share of farm property -- 69 acres (Plano, IL)	Spouse income	N/A

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name J. Dennis Hastert

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Diageo, Washington, DC	Night of Irish Treasures Charity Event - Appearance	March 9, 2004	$2,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name J. Dennis Hastert

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Northwestern Mutual Life Variable Annuity--Northwestern Life Aggressive Stock Fund	$1,001 - $15,000	DIVIDENDS, INTEREST, and CAPITAL GAINS	NONE	
SP	Northwestern Mutual Life Variable Annuity--Northwestern Life Aggressive Stock Fund	$1,001 - $15,000	DIVIDENDS, INTEREST, and CAPITAL GAINS	NONE	
JT	Home/Property	$1,000,001 - $5,000,000	FARM	N/A	
JT	1/4 share of 69 acres (Plano, IL)	$250,001 - $500,000	FARM	N/A	P
JT	Yorkville National Bank - Personal Account	$1,001 - $15,000	INTEREST	$1 - $200	
JT	Yorkville National Bank - Farm Account	$15,001 - $50,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name J. Dennis Hastert

JT	Yorkville National Bank - Optimum Account	$15,001 - $50,000	INTEREST	$201 - $1,000	
	Congressional Federal Credit Union	$15,001 - $50,000	INTEREST	$1 - $200	
	Bear Stearns Mutual Fund, Dreyfus Premier S&P Stars Fund Class T	$50,001 - $100,000		NONE	
JT	Townhouse Property, Washington, DC	$250,001 - $500,000	RENT	$5,001 - $15,000	
	Regnery Publishing	Indef or book, Speaker	ROYALTIES	NONE	

SCHEDULE IV - TRANSACTIONS

Name J. Dennis Hastert

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	1/4 interest in 69 acres (Plano, IL)	P	02-17-04	$250,001 - $500,000

SCHEDULE V - LIABILITIES

Name J. Dennis Hastert

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Yorkville National Bank	Mortgage of home/farm	$1,000,001 - $5,000,000
JT	EverHome Morgage	Washington, D.C., townhouse	$50,001 - $100,000
JT	Yorkville National Bank	Mortgage on 1/4 share of 69 acre land purchase, Plano, IL	$250,001 - $500,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A

For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY -5 AM 11:24
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

The Honorable Alcee Lamar Hastings
(Full Name)

2353 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-1313
Daytime Telephone:

Filer Status ☑ Member of the U.S. House of Representatives — State: FL District: 23 ☐ Officer Or Employee — Employing Office:

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐	No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐	No ☑
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑	No ☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☐	No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☑	No ☐
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes	No ☑
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑	No
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes	No ☑
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Alcee L. Hastings	May 5, 2005

1670

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name The Honorable Alcee Lamar Hastings

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Wright Patman Congressional Federal Credit Union	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE V - LIABILITIES

Name The Honorable Alcee Lamar Hastings

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Robert Catz	Legal Fees	$500,001 - $1,000,000
	Terrance Anderson	Legal Fees	$1,000,001 - $5,000,000
	Patricia Williams	Legal Fees	$500,001 - $1,000,000
	Karr and McClan	Legal Fees	$100,001 - $250,000
	Mark McDonald	Legal Fees	$15,001 - $50,000
	Lewis Meyers	Legal Fees	$15,001 - $50,000
	Sun Trust Banks, Inc.	Mortgage on 8528 Longacre Drive, Miramar, FL	$250,001 - $500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name The Honorable Alcee Lamar Hastings

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Executive Leadership Committee	May 28-29	Ft. Lauderdale - Orlando-Ft. Lauderdale	Y	Y	N	N/A
Connell Industries, Inc.	Jul. 16-17	DC-Rahway, NJ-DC	Y	Y	N	N/A
National Bar Association	Aug. 11-12	Miami - Charlotte, NC-Miami	Y	Y	N	N/A
American Israel Education Fund	Oct. 24	Ft. Lauderdale - Hollywood, FL-Ft. Lauderdale	Y	N	N	N/A
Rosenwald School Alumni Association	Nov. 27-29	Ft. Lauderdale - Orlando-Ft. Lauderdale	Y	Y	N	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 MAY 12 PM 3:55
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

DOC HASTINGS
(Full Name)
PO Box K
(Mailing Address)
PASCO, WA 99302
Daytime Telephone: 202-225-5816

MC

Filer Status	[X] Member of the U.S. House of Representatives — State: WA District: 04	[ ] Officer or Employee — Employing Office:	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Doc Hastings	11 May 05

Name DOC HASTINGS

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT	SP Mega Corp Stock				
	Simon & Schuster	Indefinite			
	1st Bank of Paducah, KY accounts				
SP, DC, JT	*Examples:*				
JT	COLUMBIA BASIN PAPER & SUPPLY TRUST / PETERSEN-HASTINGS	H		NA	
JT	YAKIMA FEDERAL - DEPOSIT	D	INTEREST X	II	
JT	CHEVY CHASE - DEPOSIT	C	INTEREST X	II	
JT	COLUMBIA TRUST - DEPOSIT	C	INTEREST X	II	
JT	CHAS SCHWAB - IRA	D		NA	

SP, DC, JT																										
SP	Mega Corp Stock																									
	Simon & Schuster					X																				
	1st Bank of Paducah, KY accounts																									
SP, DC, JT	*Examples:*																									
JT	COLUMBIA BASIN PAPER & SUPPLY TRUST / PETERSEN-HASTINGS								X																	
JT	YAKIMA FEDERAL - DEPOSIT				X																					
JT	CHEVY CHASE - DEPOSIT			X																						
JT	COLUMBIA TRUST - DEPOSIT			X																						
JT	CHAS SCHWAB - IRA				X																					

SP, DC, JT																										
SP	Mega Corp Stock																									
	Simon & Schuster																									
	1st Bank of Paducah, KY accounts																									
SP, DC, JT	*Examples:*																									
JT	COLUMBIA BASIN PAPER & SUPPLY TRUST / PETERSEN-HASTINGS																									
JT	YAKIMA FEDERAL - DEPOSIT																									
JT	CHEVY CHASE - DEPOSIT																									
JT	COLUMBIA TRUST - DEPOSIT																									
JT	CHAS SCHWAB - IRA																									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DOC HASTINGS

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	MATHEWS-PACIFIC			X																													
	SCHWAB SELECT S+P			X																													
	SCHWAB INTL INDEX			X																													
	SCHWAB SM CAP			X																													
JT	VANGUARD GROUP			X										X								X											
	TOTAL INTL INDEX			X																													
	TOTAL ST MLT INDEX			X																													

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	WASHINGTON GROUP INTERNATIONAL	JULY 30-AUG 1	YAKIMA, WA - STUART ISLAND, B.C., CANADA - BELLO, WA	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 16 PM 4:51
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

(Office Use Only)

Doc Hastings
(Full Name)

PO Box K Pasco, WA 99302
(Mailing Address) Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives — State: WA District: 04	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [ ]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Doc Hastings	16 May 05

1678

Name DOC HASTINGS | Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

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	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	WASTE-MANAGEMENT	FEB 27-MAR 1	PASCO, WA-TUCSON, AR - WASH D.C.	Y	Y	N	N
	US APPLE ASSOC	AUG 19-AUG 20	PASCO, WA-CHICAGO, IL - PASCO, WA	Y	Y	N	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

OFFICE RECORDS CENTER

2005 MAY 16 PM 4:43

(Office Use Only) MC

ROBERT CANNON HAYES
(Full Name)

PO BOX 2000
(Mailing Address)

CONCORD NC 28026

Daytime Telephone (704) 795-2000

Filer Status	[X] Member of the U.S. House of Representatives	State: NC District: 8	[ ] Officer or Employee — Employing Office:
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robin Hayes	May 15, 2005

1680

Name ROBERT CANNON HAYES

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction: P, S, E
SP, DC, JT	*Examples:* SP Mega Corp Stock					X								X										X								P
	Examples: DC Simon & Schuster			Indefinite																Royalties								X				
	Examples: JT 1st Bank of Paducah, KY accounts						X									X										X						
	SEE ATTACHMENTS																															

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name ROBERT CANNON HAYES

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
SP	MYLAN LABORATORIES, INC. - STOCK	X			7-7-04	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	WACHOVIA BANK; ATLANTA, GA	COMMERCIAL LOAN - AIRPLANE PAID OFF IN 2004						X				
	WACHOVIA BANK; ATLANTA, GA	COMMERCIAL LOAN -PAID IN 2004				X						
	FNB SOUTHEAST; REIDSVILLE, NC	COMMERCIAL LOAN -AIRPLANE							X			

SCHEDULE VI — GIFTS NONE

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	SAFARI CLUB INTERNATIONAL	JAN 22-24	CHARLOTTE, NC - RENO, NV CHARLOTTE, NC	Y	Y	N	N
	CONGRESSIONAL SPORTSMEN'S FOUNDAT	MAR 21-23	DC-HAWKS KAY, FL - DC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
MEMBER	ARCTIC SOUTHERN FARMS, LLC
PRESIDENT, DIRECTOR	MOUNT PLEASANT HOSIERY MILL, INC.
LIMITED PARTNER	LEMMON/ROSINSKI I, LP
MEMBER	PALMER MOUNTAIN, LLC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

ROBERT CANNON HAYES
ATTACHMENT TO SCHEDULE III-ASSETS AND "UNEARNED INCOME"

		VALUE OF ASSET												TYPE OF INCOME					AMOUNT OF INCOME											TRANSACTION
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	OTHER	NONE	$1-$200	$201-$1,000	$1,001-$2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	BERKSHIRE HATHAWAY B, STOCK			X															X											
	SOLECTRON CP; STOCK			X															X											
	EMC CORP MASS; STOCK			X															X											
	GENUITY INC, CL. A; STOCK	X																	X											
	INTEL CORP; STOCK			X										X						X										
	JDS UNIPHASE; STOCK		X																X											
	MOTOROLA INC ; STOCK			X										X						X										
	ORACLE CORP; STOCK			X															X											
	VIGNETTE CORP.; STOCK	X																	X											
SP	ACTIVE ASSETS MONEY TRUST; MM			X										X						X										
SP	AMERICAN EXPRESS; STOCK			X										X						X										
SP	BB&T CORP , STOCK				X									X							X									
SP	CONOCO PHILLIPS INC , STOCK				X									X							X									
SP	CORNING INC , STOCK			X															X											
SP	FANNIE MAE; STOCK			X										X							X									CONTRIBUTED TO CHARITY IN 2004
SP	INTEL CORP; STOCK			X										X						X										
SP	LANCER CP; STOCK			X															X											
SP	MYLAN LABORATORIES INC , STOCK			X										X						X										P
SP	SYMBOL TECH; STOCK			X										X						X										
	SUNOCO INC , STOCK			X										X							X									

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ROBERT CANNON HAYES
ATTACHMENT TO SCHEDULE III-ASSETS AND "UNEARNED INCOME"

		VALUE OF ASSET											TYPE OF INCOME					AMOUNT OF INCOME											TRANSACTION
SP, DC, JT	ASSET AND/OR INCOME SOURCE	NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,000-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	OTHER	NONE	$1-$200	$201-$1,000	$1,001-2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
	ARCHFIELD PROPERTY, CULP ROAD ARCHFIELD, NC 28037						X													X										
	WISCONSIN PROPERTY, CLINE ROAD BRILLO, WI						X													X										
	MOUNT PLEASANT HOSIERY MILL BLDG 1467 N MAIN ST, MT PLEASANT, NC						X													X										
	AIRPLANE, CONCORD, NC									X					X					X (NET)						X (GROSS)				
	MOUNT PLEASANT HOSIERY INC., STOCK, MT. PLEASANT, NC					X														X										
	LEMMON/ROSINSKI L.P.	X														X					X									DISSOLVED IN 2004
	FIRST CHARTER NAT'L BANK, CD					X										X						X								
SP	FIRST CHARTER NAT'L BANK, CD				X											X						X								
	J. CLARY PHILLIPS	X (SUB-LEASE)													X									X						
JT	WACHOVIA CAP ACCOUNT								X							X						X								
SP	WACHOVIA CAP ACCOUNT						X							X								X								
	TRUST CA CANNON DTD 12-5-51 (SEE SCHEDULE III, ATTACHMENT A)									X				X		X										X				
	TRUST CA CANNON DTD 5-12-53 (SEE SCHEDULE III, ATTACHMENT B)										X			X	X	X								X						
	TRUST CA CANNON (3,2,1) (SEE SCHEDULE III, ATTACHMENT C)											X		X		X	X											X		
	ARCTIC SOUTHERN FARMS, LLC	X (LAND OWNED BY TRUST)																	X											
	LOAN TO KEVIN SIMPSON CONCORD, NC				X (SALE OF REAL ESTATE FINANCED)																	X								
SP	CAPITAL BANK & TRUST CO. IRA INHERITE	X																IRA DISTRIBUTION						X						TOTAL DISTRIBUTION IN 2004
SP	EDWIN W. WEILAND FAMILY TRUST-INHERITANCE	X																				X								FINAL DISTRIBUTION IN 2004
SP	EDWIN W. WEILAND MARITAL TRUST-INHERITANCE				X																				X					

ROBERT CANNON HAYES
ATTACHMENT TO SCHEDULE III-ASSETS AND "UNEARNED INCOME"

SP, DC, JT	ASSET AND/OR INCOME SOURCE	VALUE OF ASSET										TYPE OF INCOME					AMOUNT OF INCOME										TRANSACTION
		NONE	$1-$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,000-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	OVER $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	OTHER	NONE	$1-$200	$201-$1,000	$1,001-$2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$1,000,000	$1,000,001-$5,000,000	OVER $5,000,000	P, S, E
SP	PRINCIPAL LIFE INSURANCE CO-PENSION INHERITED	X																PENSION DISTRIBUTION						X						TOTAL DISTRIBUTION IN 2003
SP	ROBERT W. BAIRD & CO., INC.-IRA INHERITED	X																IRA DISTRIBUTION							X					TOTAL DISTRIBUTION IN 2004
SP	BARBARA W. HAYES TRUST (SEE SCHEDULE III, ATTACHMENT D)								X					X		X							X						INHERITED

ROBERT CANNON HAYES

MAY 3, 2005

To Whom It May Concern:

Mr. Hayes earns a fraction of the income generated from these trusts. Securities and other assets held in these trusts are for the benefit of future owners, not Mr. Hayes.

SCHEDULE OF INVESTMENTS

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ROBERT C HAYES TRUST
NACKOVIA BANK, N.A.
CO-TRUSTEE W/R C HAYES AND
W H GALLOWAY U/IR/A WITH
C A CANNON DATED 12-5-51 #89

ACCT 1019854809

ASSETS HELD 12/31/04
VALUED AS OF 12/31/04

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET	TOTAL TAX COST	TOTAL MKT VALUE	PCT MV	UNREAL GN/LS
		CASH & EQUIVALENTS									
		PRINCIPAL CASH				0.0		0.00	0.00	0.00	0
		INCOME CASH				0.0		0.00	0.00	0.00	0
		TOTAL CASH			0	0.0		0.00	0.00	0.00	0
		TEMPORARY INVESTMENTS									
		EVERGREEN MUNICIPAL MONEY MARKET FUND CL I (FD #496)			356	1.9		18,940.72	18,940.72	0.68	0
		TOTAL CASH & EQUIVALENTS			356	1.9		18,940.72	18,940.72	0.68	0
		FIXED INCOME									
		MUNICIPALS									
100,000		FORSYTH CNTY NC G.O. BD DTD 09/01/2003 2.75% 03/01/2008	Aaa	09/04/03	2,750	2.7	101.13	100,357.13	101,130.00	3.65	773
100,000		NORTH CAROLINA ST BD DTD 3/1/97 SER A BEO (C 3/1/2007 @101) 5.2% 03/01/2009-2007	Aa1	03/05/1997	5,200	4.9	107.01	100,575.71	107,013.00	3.86	6,437
100,000		UNV NC SYS POOL- REV BD DTD 10/29/2003 OID SER B 3.1% 04/01/2010	Aaa	10/10/03	3,100	3.1	100.62	99,855.60	100,623.00	3.63	767
100,000		STANLY CNTY NC ND DTD 2/1/2001 (C 2/1/2011 @100.5) 4.6% 02/01/2012-2011	Aaa	01/23/01	4,600	4.3	107.39	101,750.09	107,392.00	3.88	5,642
50,000		CHARLOTTE NC BD DTD 8/1/98 OID PUB INPT SER A (C 2/1/2008 @ 102) 4.75% 02/01/2013-2008	Aaa	07/14/1998	2,375	4.4	106.98	49,643.86	53,492.00	1.93	3,848
100,000		NEW HANOVER CNTY NC HOSP REV BD DTD 2/15/99 OID NEW HANOVER REGL MED CTR PJ (C 10/1/2009 @ 101) 4.75% 10/01/2014-2009	Aaa	02/19/1999	4,750	4.5	105.99	99,458.96	105,988.00	3.83	6,529
100,000		ORANGE CNTY N C BD DTD 4/1/2000 PUB INPT (C 4/1/2010 @102) 5.3% 04/01/2015-2010	Aa1	04/04/00	5,300	4.8	110.25	100,000.00	110,245.00	3.98	10,245

ROBERT C HAYES TRUST
WACHOVIA BANK, N.A.
CO-TRUSTEE N/R C HAYES AND
W H GALLOWAY U/IR/A WITH
C A CANNON DATED 12-5-51 #89

ACCT 1019854609

ASSETS HELD 12/31/04
VALUED AS OF 12/31/04

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET	TOTAL TAX COST	TOTAL MKT VALUE	PCT MV	UNREAL GN/LS
150,000		WILSON CNTY N C BD DTD 4/1/2002 (C 4/1/2012 @ 101;P 4/1/2013) 5% 04/01/2017-2012	Aaa	03/19/02	7,500	4.6	107.64	150,627.00	161,454.00	5.83	10,827
50,000		NORTH CAROLINA ST BD DTD 03/01/2001 REV 5% 03/01/2018-2011	Aa1	03/07/01	2,500	4.4	112.83	50,339.00	56,413.00	2.04	6,074
		TOTAL MUNICIPALS			38,075	4.2		852,607.35	903,750.00	32.62	51,143
		EQUITIES									
		COMMON STOCKS									
		MATERIALS									
3,600		DU PONT E I DE NEMOURS & CO COM		01/20/1988	5,040	2.9	49.05	47,592.00	176,580.00	6.37	128,988
		CONSUMER STAPLES									
6,000		ALTRIA GROUP INC COM		01/20/1988	17,520	4.8	61.10	41,915.00	366,600.00	13.23	324,685
		CONSUMER DISCRETIONARY									
1,000		HOME DEPOT INC COM		01/18/01	340	0.8	42.74	44,935.00	42,740.00	1.54	2,195-
		INFORMATION TECHNOLOGY									
1,300		CISCO SYS INC COM		09/24/01	0	0.0	19.32	16,917.03	25,116.00	0.91	8,199
		ENERGY									
2,156		CHEVRONTEXACO CORP COM		03/09/1992	3,450	3.0	52.51	39,963.00	113,211.56	4.09	73,249
3,168		EXXON MOBIL CORP COM		09/22/1993	3,421	2.1	51.26	46,323.74	162,391.68	5.86	116,068
3,200		ROYAL DUTCH PETR CO NY REGISTRY SH PAR N GLDR 1.25		01/20/1988	5,075	2.8	57.38	43,732.00	183,616.00	6.63	139,884
		TOTAL ENERGY			11,946	2.6		130,018.74	459,219.24	16.58	329,201

SCHEDULE OF INVESTMENTS

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ROBERT C HAYES TRUST
WACHOVIA BANK, N.A.
CO-TRUSTEE W/R C HAYES AND
M H GALLOWAY U/IR/A WITH
C A CANNON DATED 12-5-51 #89

ACCT 1019854809

ASSETS HELD 12/31/04
VALUED AS OF 12/31/04

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET	TOTAL TAX COST	TOTAL MKT VALUE	PCT MV	UNREAL GN/LS
		UTILITIES									

4,000		DUKE ENERGY COM		01/20/1988	4,400	4.3	25.33	45,195.00	101,320.00	3.66	56,125
		FINANCIALS									

6,500		AMERICAN INTL GRP INC CON		02/05/1985	1,950	0.5	65.67	21,392.33	426,855.00	15.41	405,463
2,400		FANNIE MAE COM		09/22/1993	6,992	2.9	71.21	47,079.00	170,904.00	6.17	123,825
6,100		HRPT PROPERTIES TRUST COM SH BEN INT		01/16/01	5,124	6.5	12.93	50,691.00	78,263.00	2.83	27,572
		TOTAL FINANCIALS			12,066	1.8		119,162.33	676,022.00	24.40	556,860
		TOTAL COMMON STOCKS			51,312	2.9		445,735.10	1,847,537.24	66.69	1,401,862
		TOTAL FUND			89,743	3.2		1,317,283.17	2,770,287.96	100.00	1,453,005

SCHEDULE OF INVESTMENTS

PAGE 5

ROBERT C. HAYES TRUST
WACHOVIA BANK, N.A.
CO-TTEE W/ROBERT C HAYES JR
H C CANNON JR I/IR/A WITH
C A CANNON DTD 5-12-53 #108

ACCT 1019854916

ASSETS HELD 12/31/04
VALUED AS OF 12/31/04

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET	TOTAL TAX COST	TOTAL MKT VALUE	PCT MV	UNREAL GN/LS
		CASH & EQUIVALENTS									
		PRINCIPAL CASH				0.0		0.00	0.00	0.00	0
		INCOME CASH				0.0		0.00	0.00	0.00	0
		TOTAL CASH			0	0.0		0.00	0.00	0.00	0
		TEMPORARY INVESTMENTS									
		EVERGREEN MUNICIPAL MONEY MARKET FUND CL I (FD #496)			2,977	1.9		158,563.52	158,563.52	0.97	0
		TOTAL CASH & EQUIVALENTS			2,977	1.9		158,563.52	158,563.52	0.97	0
		EQUITIES									
		COMMON STOCKS									
		INDUSTRIALS									
38,400		GENERAL ELEC CO COM		05/19/1961	33,792	2.4	36.50	25,839.69	1,401,600.00	8.54	1,375,760
6,000		PITNEY-BOWES INC COM		10/26/1984	7,320	2.6	46.28	23,899.87	277,680.00	1.69	253,780
		TOTAL INDUSTRIALS			41,112	2.4		49,739.56	1,679,280.00	10.23	1,629,540
		CONSUMER STAPLES									
24,000		ALTRIA GROUP INC COM		08/05/1985	70,080	4.8	61.10	83,975.00	1,466,400.00	8.94	1,382,425
2,500		ANHEUSER BUSCH COS INC COM		11/02/04	2,450	1.9	50.73	125,775.00	126,825.00	0.77	1,050
2,300		DIAGEO PLC SPONSORED ADR NEW		11/02/04	4,639	3.5	57.88	125,260.99	133,124.00	0.81	7,863
6,000		NESTLE S A SPONSORED ADR REPSTG REG SH		03/09/1992	7,008	1.8	66.00	93,750.00	396,000.00	2.41	302,250
		TOTAL CONSUMER STAPLES			84,177	4.0		428,760.99	2,122,349.00	12.93	1,693,588

SCHEDULE OF INVESTMENTS

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ROBERT C. HAYES TRUST
WACHOVIA BANK, N.A.
CO-TTEE W/ROBERT C HAYES JR
N C CANNON JR I/IR/A WITH
C A CANNON DTD 5-12-53 #108

ACCT 1019854916

ASSETS HELD 12/31/04
VALUED AS OF 12/31/04

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET	TOTAL TAX COST	TOTAL MKT VALUE	PCT MV	UNREAL GN/LS
		CONSUMER DISCRETIONARY									
4,200		COMCAST HLDGS INC CL A		11/02/04	0	0.0	33.28	123,585.00	139,776.00	0.85	16,191
2,000		HOME DEPOT INC COM		01/18/01	680	0.8	42.74	89,870.00	85,480.00	0.52	4,390-
2,300		IAC / INTERACTIVECORP COM		11/02/04	0	0.0	27.62	51,094.04	63,526.00	0.39	12,432
13,000		MCDONALDS CORP COM		08/05/1985	7,150	1.7	32.06	47,919.44	416,780.00	2.54	368,861
3,600		SONY CORP ADR NEW COM		11/02/04	785	0.6	38.96	126,324.00	140,256.00	0.85	13,932
		TOTAL CONSUMER DISCRETIONARY			8,615	1.0		438,792.48	845,818.00	5.15	407,026
		INFORMATION TECHNOLOGY									
2,600		CISCO SYS INC COM		09/24/01	0	0.0	19.32	33,722.00	50,232.00	0.31	16,510
3,200		INTEL CORP COM		09/24/01	1,024	1.4	23.39	67,520.00	74,848.00	0.46	7,328
1,400		INTL BUSINESS MACHINES CORP COM		11/02/04	1,008	0.7	98.59	127,153.04	138,012.00	0.84	10,859
4,500		MICROSOFT CORP COM		11/02/04	1,440	1.2	26.72	127,170.00	120,240.00	0.73	6,930-
		TOTAL INFORMATION TECHNOLOGY			3,472	0.9		355,565.04	383,332.00	2.34	27,767
		HEALTH CARE									
10,400		BRISTOL-MYERS SQUIBB CO COM		05/06/1982	11,648	4.4	25.62	36,316.87	266,448.00	1.62	230,131
1,688		MEDCO HEALTH SOLUTIONS INC COM		02/05/1985	0	0.0	41.60	2,039.55	70,220.80	0.43	68,181
14,000		MERCK & CO INC COM		02/05/1985	21,280	4.7	32.14	35,818.30	449,960.00	2.74	414,142
29,000		PFIZER INC COM		05/06/1982	22,040	2.8	26.89	34,941.27	779,810.00	4.75	744,869
1,040		ZIMMER HLDGS INC COM		05/06/1982	0	0.0	80.12	1,840.04	83,324.80	0.51	81,485
		TOTAL HEALTH CARE			54,968	3.3		110,956.03	1,649,763.60	10.05	1,538,808
		ENERGY									
9,600		ROYAL DUTCH PETR CO NY REGISTRY SH PAR N GLDR 1.25		03/22/1988	15,226	2.8	57.38	117,458.00	550,848.00	3.36	433,390
		UTILITIES									
5,200		DUKE ENERGY COM		12/13/02	5,720	4.3	25.33	100,071.92	131,716.00	0.80	31,644

ROBERT C. HAYES TRUST
WACHOVIA BANK, N.A.
CO-TTEE W/ROBERT C HAYES JR
W C CANNON JR I/IR/A WITH
C A CANNON DTD 5-12-53 #108

ACCT 1019854916

ASSETS HELD 12/31/04
VALUED AS OF 12/31/04

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET	TOTAL TAX COST	TOTAL MKT VALUE	PCT NV	UNREAL GN/LS
		FINANCIALS									
10,000		AMERICAN INTL GRP INC COM		02/05/1985	3,000	0.5	65.67	32,911.27	656,700.00	4.00	623,789
3,843		CITIGROUP INC COM		04/05/1984	6,149	3.3	48.18	21,178.84	185,155.74	1.13	163,977
2,500		FIFTH THIRD BANCORP COM		11/02/04	3,500	3.0	47.30	124,400.00	118,250.00	0.72	6,150-
3,200		JP MORGAN CHASE & CO COM		11/02/04	4,352	3.5	39.01	123,648.00	124,832.00	0.76	1,184
1,500		JEFFERSON-PILOT CORP COM		08/04/1993	2,280	2.9	51.96	22,817.78	77,940.00	0.47	55,122
		TOTAL FINANCIALS			19,281	1.7		324,955.89	1,162,877.74	7.09	837,922
		TOTAL COMMON STOCKS			232,571	2.7		1,926,299.91	8,525,984.34	51.96	6,599,684
		OTHER ASSETS & LIABILITIES									
		CONTRACT AND NOTES - UNSECURED									
		PROMISSORY NT DTD 10/9/99 FROM ROBERT C HAYES SECD BY LIFE INS CONN INS CO POL #2452341H 6% 10/09/1999			149,739	6.0		2,495,643.19	2,495,643.19	15.21	0
		REAL ESTATE									
1		CABIN ON 13,075+- ACRES, LAKE COUNTY, MINNESOTA		09/05/1990	0	0.0	18,610.89	18,610.89	18,610.89	0.11	0
1		40+- ACRES INCL 2 CABINS SE 1/4 OF SE 1/4, SECTION 7, TWP. 59 N., RANGE 10 WEST, LAKE CO., MN.		09/05/1990	600	2.8	21,634.50	22,351.03	21,634.50	0.13	717-
1		TIMBER LOCATED ON 13,075+- ACRES LAKE COUNTY MINNESOTA		02/27/1989	0	0.0	736,703.47	304,445.37	736,703.47	4.49	432,258
1		5 ACRES & HOUSE, 1975 HWY 73 EAST, CONCORD, NC CABARRUS CNTY (SFD-IP)		08/21/1995	7,200	4.6	155,000.00	126,909.29	155,000.00	0.94	28,091
1		60 BRAYS ISLAND DRIVE SHELDON, SC 29941		03/01/1999	36,000	1.9	1,875,000.00	168,237.21	1,875,000.00	11.43	1,706,763
1		13,022.90 +/- ACRES TIMBERLAND LAKE COUNTY, MINNESOTA		02/27/1989	0	0.0	2,421,900.00	393,395.38	2,421,900.00	14.76	2,028,505
		TOTAL REAL ESTATE			43,800	0.8		1,033,949.17	5,228,848.86	31.87	4,194,900

SCHEDULE OF INVESTMENTS PAGE 8

ROBERT C. HAYES TRUST ACCT 1019854916
WACHOVIA BANK, N.A.
CO-TTEE W/ROBERT C HAYES JR ASSETS HELD 12/31/04
W C CANNON JR I/IR/A WITH VALUED AS OF 12/31/04
C A CANNON DTD 5-12-53 #108

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET	TOTAL TAX COST	TOTAL MKT VALUE	PCT NV	UNREAL GN/LS
		LIABILITIES									
		ASSIGNMENT OF INCOME DTD 10/9/99 RE:PROMISSORY NT HELD IN THS ACCT			0	0.0		1.00-	1.00-	0.00-	0
		TOTAL OTHER ASSETS & LIABILITIES			193,533	2.5		3,529,591.36	7,724,491.05	47.07	4,194,900
		TOTAL FUND			429,087	2.6		5,614,454.79	16,409,038.91	100.00	10,794,584

ROBERT C. HAYES TRUST
WACHOVIA BANK, N.A.
CO-TTEE W/ROBERT C HAYES JR
N C CANNON JR I/IR/A WITH
C A CANNON DTD 5-12-53 #108

ACCT 1019854916

ASSETS HELD 12/31/04
VALUED AS OF 12/31/04

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET	TOTAL TAX COST	TOTAL MKT VALUE	PCT MV	UNREAL GN/LS
		CASH & EQUIVALENTS									
		INCOME CASH				0.0		0.00	0.00	0.00	0
		TEMPORARY INVESTMENTS									
		EVERGREEN MUNICIPAL MONEY MARKET FUND CL I (FD #696)			178	1.9		9,466.81	9,466.81	100.00	0
		TOTAL CASH & EQUIVALENTS			178	1.9		9,466.81	9,466.81	100.00	0

SCHEDULE OF INVESTMENTS

PAGE 5

C A CANNON (322) TRUST
WACHOVIA BANK, N.A.
CO-TTEE W/R C HAYES JR,
R C HAYES, W H GALLOWAY &
M C CANNON JR FBO ROBERT C HAYES

ACCT 1013731712

ASSETS HELD 12/31/04
VALUED AS OF 12/31/04

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET	TOTAL TAX COST	TOTAL MKT VALUE	PCT MV	UNREAL GN/LS
		CASH & EQUIVALENTS									
		PRINCIPAL CASH				0.0		0.00	0.00	0.00	0
		INCOME CASH				0.0		0.00	0.00	0.00	0
		TOTAL CASH			0	0.0		0.00	0.00	0.00	0
		TEMPORARY INVESTMENTS									
		EVERGREEN MUNICIPAL MONEY MARKET FUND CL I (ED #496)			6,293	1.9		335,202.97	335,202.97	0.83	0
		TOTAL CASH & EQUIVALENTS			6,293	1.9		335,202.97	335,202.97	0.83	0
		FIXED INCOME									
		MUNICIPALS									
100,000		CARY SAN SWR BD DTD 4/1/96 BEO UT N/C 5.2% 04/01/2006	Aaa	06/25/1999	5,200	5.0	103.78	100,895.36	103,781.00	0.26	2,886
50,000		NORTH CAROLINA ST BD DTD 3/1/97 SER A BEO (C 3/1/2007 @101) 5.2% 03/01/2009-2007	Aa1	03/05/1997	2,600	4.9	107.01	50,287.86	53,506.50	0.13	3,219
200,000		NORTH CAROLINA ST BD DTD 04/1/98 SER A BEO REOF @ 101.899 TO YLD 4.53% (C 04/1/2008 100) 4.75% 04/01/2009-2008	Aa1	03/18/1998	9,500	4.4	107.22	202,150.05	214,444.00	0.53	12,294
200,000		UNIVERSITY NC CHAPEL HILL FNDTN INC BD DTD 10/5/89 CTFS PARTN CR SUISSE INT VAR RATE 3.07% 04/29/2005	Aa1	07/20/04	6,140	3.1	100.00	200,000.00	200,000.00	0.50	0
300,000		NEW HANOVER CNTY N C GEN OBL UNLTD DTD 06/01/2001 4.25% 06/01/2010	Aa2	06/25/01	12,750	4.0	106.42	300,000.00	319,266.00	0.79	19,266
50,000		NORTH CAROLINA ST BD DTD 1/1/97 BEO OID REOF @99.515 TO YLD 5.15% (C 6/1/2006 @ 102) 5.1% 06/01/2010-2006	Aa1	01/15/1997	2,550	4.8	106.02	49,821.70	53,008.00	0.13	3,186
500,000		BUNCOMBE CNTY N C GEN OBL UNLTD DTD 04/01/2001 4.3% 02/01/2011	Aa2	04/03/01	21,500	4.0	106.60	500,000.00	532,990.00	1.33	32,990

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C A CANNON (322) TRUST
WACHOVIA BANK, N.A.
CO-TTEE W/R C HAYES JR,
R C HAYES, W H GALLOWAY &
N C CANNON JR FBO ROBERT C HAYES

ACCT 1013731712
ASSETS HELD 12/31/04
VALUED AS OF 12/31/04

SHARES OR FACE AMOUNT	PIG CCD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET	TOTAL TAX COST	TOTAL MKT VALUE	PCT MV	UNREAL GN/LS
300,000		CHARLOTTE NC BD DTD 8/1/98 OID PUB IMPT SER A (C 2/1/2008 @ 102) 4.75% 02/01/2013-2008	Aaa	07/14/1998	14,250	4.4	106.98	297,863.20	320,952.00	0.80	23,089
500,000		NORTH CAROLINA ST BD DTD 03/01/2001 REV 4.75% 03/01/2013-2011	Aa1	03/07/01	23,750	4.4	108.60	509,470.53	542,990.00	1.35	33,519
400,000		CARY BD DTD 03/01/2001 GOB 5% 03/01/2016-2011	Aaa	03/18/02	20,000	4.6	109.86	411,221.51	439,432.00	1.09	28,210
400,000		GREENVILLE NC UTILS COMMN COMB ENTERPRISE SYS REV BD DTD 3/15/2000 OID SER A (C 3/1/2009 @101; P 3/1/2010) 5.3% 09/01/2014-2009	Aaa	03/30/00	21,200	4.9	108.49	396,993.47	433,964.00	1.08	36,971
400,000		ORANGE CNTY N C BD DTD 4/1/2000 PUB IMPT (C 4/1/2010 @102) 5.3% 04/01/2015-2010	Aa1	04/04/00	21,200	4.8	110.25	400,000.00	440,980.00	1.10	40,980
350,000		MECKLENBURG CNTY N C PUB IMPT-SER A G.O. BD DTD 05/01/2001 5% 04/01/2016-2011	Aaa	01/03/02	47,500	4.6	109.77	952,010.00	1,042,815.00	2.60	90,805
400,000		CHARLOTTE STORM WTR FEE REV RFDG BD DTD 1/15/2002 (C 6/1/2012 @ 101; P 6/1/2013) 5.25% 06/01/2017-2012	Aaa2	03/19/02	21,000	4.8	110.05	409,054.37	440,188.00	1.10	31,134
500,000		NORTH CAROLINA ST BD DTD 9/1/2000 GENERAL OBLIGATION OID 5.1% 09/01/2017-2010	Aa1	01/04/02	25,500	4.5	113.26	509,610.00	566,320.00	1.41	57,710
500,000		NORTH CAROLINA ST BD DTD 03/01/2001 REV 5% 03/01/2018-2011	Aa1	03/07/01	25,000	4.4	112.83	503,390.00	564,130.00	1.40	60,740
800,000		NORTH CAROLINA EDL FACS FIN AGY REV VAR-GUILFORD COLLEGE BD DTD 05/14/1997 3.04% 04/29/2005	Aaa	07/30/04	24,320	3.0	100.00	800,000.00	800,000.00	1.99	0
		TOTAL MUNICIPALS			303,960	4.3		6,591,768.11	7,068,766.50	17.60	476,998

EQUITIES
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COMMON STOCKS

SCHEDULE OF INVESTMENTS

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C A CANNON (322) TRUST
WACHOVIA BANK, N.A.
CO-TTEE W/R C HAYES JR,
R C HAYES, W H GALLOWAY &
W C CANNON JR FBO ROBERT C HAYES

ACCT 1013731712

ASSETS HELD 12/31/04
VALUED AS OF 12/31/04

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET	TOTAL TAX COST	TOTAL MKT VALUE	PCT MV	UNREAL GN/LS
		OTHER									
66.67		NEENAH PAPER INC-WHEN ISSUED COM		12/13/02	0	0.0	32.60	1,658.40	2,173.34	0.01	515
		INDUSTRIALS									
120,000		GENERAL ELEC CO COM		03/28/1984	105,500	2.4	36.50	217,706.25	4,380,000.00	10.90	4,162,294
18,000		MASCO CORP COM		06/10/1985	12,960	2.0	36.53	159,075.00	657,540.00	1.64	498,465
20,000		PITNEY-BOWES INC COM		11/08/1984	24,400	2.6	46.28	82,000.03	925,600.00	2.30	843,600
16,000		3M CO COM		03/11/1987	23,040	1.8	82.07	242,001.44	1,313,120.00	3.27	1,071,119
7,500		UNION PAC CORP COM		06/13/1990	9,000	1.8	67.25	185,521.88	504,375.00	1.26	318,853
		TOTAL INDUSTRIALS			175,000	2.2		886,304.60	7,780,635.00	19.37	6,894,330
		MATERIALS									
4,200		DU PONT E I DE NEMOURS & CO COM		12/03/1987	5,880	2.9	49.05	53,350.50	206,010.00	0.51	152,660
9,240		SONOCO PRODS CO COM		10/07/1993	8,131	3.0	29.65	177,048.00	273,966.00	0.68	96,918
		TOTAL MATERIALS			14,011	2.9		230,398.50	479,976.00	1.19	249,578
		CONSUMER STAPLES									
36,000		ALTRIA GROUP INC COM		05/01/1986	105,120	4.8	61.10	181,397.40	2,199,600.00	5.48	2,018,203
2,700		ANHEUSER BUSCH COS INC COM		11/02/04	2,646	1.9	50.73	135,662.04	136,971.00	0.34	1,309
2,500		DIAGEO PLC SPONSORED ADR NEW		11/02/04	5,043	3.5	57.88	136,109.00	144,700.00	0.36	8,591
2,200		KIMBERLY-CLARK CORP COM		12/13/02	3,520	2.4	65.81	101,829.60	144,782.00	0.36	42,952
20,000		NESTLE S A SPONSORED ADR REPSTG REG SH		08/02/1990	23,360	1.8	66.00	298,750.00	1,320,000.00	3.29	1,021,250
		TOTAL CONSUMER STAPLES			139,689	3.5		853,748.04	3,946,053.00	9.82	3,092,305
		CONSUMER DISCRETIONARY									
4,600		COMCAST HLDGS INC CL A		11/02/04	0	0.0	33.28	135,244.14	153,088.00	0.38	17,844
3,700		HOME DEPOT INC COM		12/13/02	1,258	0.8	42.74	99,003.12	158,138.00	0.39	59,135
4,600		IAC / INTERACTIVECORP COM		11/02/04	0	0.0	27.62	101,226.22	127,052.00	0.32	25,826
5,600		KONINKLIJKE PHILIPS ELECTRS N V N Y REGISTRY SH NEW 2000		11/02/04	2,094	1.4	26.50	134,188.88	148,400.00	0.37	14,211

C A CANNON (322) TRUST
WACHOVIA BANK, N.A.
CO-TTEE W/R C HAYES JR,
R C HAYES, M H GALLOWAY &
N C CANNON JR FBO ROBERT C HAYES

ACCT 1013731712

ASSETS HELD 12/31/04
VALUED AS OF 12/31/04

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET	TOTAL TAX COST	TOTAL MKT VALUE	PCT MV	UNREAL GN/LS
4,000		SONY CORP ADR NEW COM		11/02/04	872	0.6	38.96	140,398.00	155,840.00	0.39	15,442
		TOTAL CONSUMER DISCRETIONARY			4,224	0.6		610,060.36	742,518.00	1.85	132,458
		INFORMATION TECHNOLOGY									
7,800		CISCO SYS INC COM		09/24/01	0	0.0	19.32	101,556.00	150,696.00	0.38	49,140
9,600		INTEL CORP COM		09/24/01	3,072	1.4	23.39	204,192.00	224,544.00	0.56	20,352
14,000		INTL BUSINESS MACHINES CORP COM		03/28/1984	10,080	0.7	98.58	266,152.20	1,380,120.00	3.44	1,113,968
16,000		MICROSOFT CORP COM		11/02/04	5,120	1.2	26.72	445,932.00	427,520.00	1.06	18,412-
		TOTAL INFORMATION TECHNOLOGY			18,272	0.8		1,017,832.20	2,182,880.00	5.43	1,165,048
		HEALTH CARE									
36,000		BRISTOL-MYERS SQUIBB CO COM		05/06/1982	40,320	4.4	25.62	125,712.25	922,320.00	2.30	796,608
2,713		MEDCO HEALTH SOLUTIONS INC COM		04/02/1971	0	0.0	41.60	1,700.47	112,860.80	0.28	111,160
22,500		MERCK & CO INC COM		04/02/1971	34,200	4.7	32.14	29,861.72	723,150.00	1.80	693,288
90,000		PFIZER INC COM		05/06/1982	68,400	2.8	26.89	108,438.42	2,420,100.00	6.02	2,311,662
3,600		ZIMMER HLDGS INC COM		05/06/1982	0	0.0	80.12	6,369.37	288,432.00	0.72	282,063
		TOTAL HEALTH CARE			142,920	3.2		272,082.23	4,466,862.80	11.12	4,194,781
		ENERGY									
2,690		ANADARKO PETE CORP COM		06/13/1990	1,618	0.9	64.81	90,381.77	187,300.90	0.47	96,919
10,586		BP PLC SPONSORED ADR		04/02/1971	17,594	2.8	58.40	29,571.17	618,222.40	1.54	588,651
43,802		EXXON MOBIL CORP COM		06/13/1990	47,306	2.1	51.26	294,718.90	2,245,290.52	5.59	1,950,572
19,000		ROYAL DUTCH PETE CO NY REGISTRY SH PAR N GLDR 1.25		06/13/1990	30,134	2.8	57.38	189,881.25	1,090,220.00	2.71	900,339
		TOTAL ENERGY			96,652	2.3		604,553.09	4,141,033.82	10.31	3,536,481
		UTILITIES									
17,000		DUKE ENERGY COM		12/13/02	18,700	4.3	25.33	228,273.13	430,610.00	1.07	202,337
14,475		WISCONSIN ENERGY CORP COM		03/11/1987	12,159	2.5	33.71	250,777.93	487,952.25	1.21	237,174

SCHEDULE OF INVESTMENTS

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C A CANNON (322) TRUST
WACHOVIA BANK, N.A.
CO-TTEE W/R C HAYES JR,
R C HAYES, W H GALLOWAY &
W C CANNON JR FBO ROBERT C HAYES

ACCT 1013731712

ASSETS HELD 12/31/04
VALUED AS OF 12/31/04

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET	TOTAL TAX COST	TOTAL MKT VALUE	PCT MV	UNREAL GN/LS
		TOTAL UTILITIES			30,859	3.4		479,051.06	918,562.25	2.29	439,511
		TELECOMMUNICATIONS									
20,342		CT COMMUNICATIONS INC COM NEW		06/08/1976	5,289	2.1	12.30	8,069 47	250,206.60	0.62	242,137
17,043		VERIZON COMMUNICATIONS COM		05/06/1982	26,246	3.8	40.51	94,735.28	690,411.93	1.72	595,677
		TOTAL TELECOMMUNICATIONS			31,535	3.4		102,804.75	940,618.53	2.34	837,814
		FINANCIALS									
40,000		AMERICAN INTL GRP INC COM		03/29/1995	12,000	0.5	65.67	121,110.12	2,626,800.00	6.54	2,505,690
20		BERKSHIRE HATHAWAY INC DEL CL A		12/13/02	0	0.0	87,900.00	490,572.33	1,758,000.00	4.38	1,267,428
18		BERKSHIRE HATHAWAY INC DEL CL B		12/31/1998	0	0.0	2,936.00	7,684.96	52,848.00	0.13	45,163
8,745		CITIGROUP INC COM		08/25/1983	13,992	3.3	48.18	41,694.33	421,334.10	1.05	379,640
2,700		FIFTH THIRD BANCORP COM		11/02/04	3,780	3.0	47.30	133,650.00	127,710.00	0.32	5,940-
69,256		FIRST CHARTER CORP COM		04/02/1971	52,635	2.9	26.17	58,448.10	1,812,429.52	4.51	1,753,981
3,500		JP MORGAN CHASE & CO COM		11/02/04	4,760	3.5	39.01	134,836.10	136,535.00	0.34	1,699
		TOTAL FINANCIALS			87,167	1.3		987,995.94	6,935,656.62	17.27	5,947,661
		TOTAL COMMON STOCKS			740,329	1.3		6,046,483.17	32,536,969.36	81.00	26,490,480
		OTHER ASSETS & LIABILITIES									
		PARTNERSHIPS									
		PRIVATE INVESTMENT FUNDS									
2		MEDICAL INVESTORS LLC		12/21/00	0	0.0	114,500.00	229,000.00	229,000.00	0.57	0
		TOTAL FUND			1,050,582	2.6		13,202,460.25	40,169,938.83	100.00	26,967,479

SCHEDULE OF INCOME INVESTMENTS

PAGE 10

C A CANNON (322) TRUST
WACHOVIA BANK, N.A.
CO-TTEE M/R C HAYES JR,
R C HAYES, W H GALLOWAY &
W C CANNON JR FBO ROBERT C HAYES

ACCT 1013731712

ASSETS HELD 12/31/04
VALUED AS OF 12/31/04

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET	TOTAL TAX COST	TOTAL MKT VALUE	PCT NV	UNREAL GN/LS
		CASH & EQUIVALENTS									
		INCOME CASH				0.0		0 00	0.00	0.00	0
		TEMPORARY INVESTMENTS									
		EVERGREEN MUNICIPAL MONEY MARKET FUND CL I (FD #496)			2	1.9		104.60	104.60	100.00	0
		TOTAL CASH & EQUIVALENTS			2	1.9		104.60	104.60	100.00	0

SCHEDULE OF INVESTMENTS

BARBARA W HAYES TRUST AGENCY
WACHOVIA BANK, N.A.
INVESTMENT AGENT UNDER AGREEMENT
DATED MARCH 14, 2004

ACCT 1025863561

ASSETS HELD 12/31/04
VALUED AS OF 12/31/04

SHARES OR FACE AMOUNT	DESCRIPTION	EST INC	CURR YLD	UNIT COST	UNIT MARKET	TOTAL TAX COST	TOTAL MKT VALUE	PCT MV	UNREAL GN/LS
	CASH & EQUIVALENTS								
	DEPOSIT ACCOUNTS								
	WACHOVIA PT MONEY MARKET	425	1.7			24,543.97	24,543.97	3.31	0
	TOTAL CASH & EQUIVALENTS	425	1.7			24,543.97	24,543.97	3.31	0
	FIXED INCOME								
	CERTIFICATES OF DEPOSIT								
12,000	FIRST USA BANK NA CTF DEP DTD 01/31/2001 ACT/365 SEMI ANNU 5.6% 01/31/2005	672	5.6	100.00	100.16	12,000.00	12,019.16	1.62	19
13,000	KEY BK USA NATL ASSN CLEVELAND CTF DEP DTD 01/31/2001 ACT/365 SEMI ANNU 5.8% 01/31/2006	754	5.7	100.00	102.26	13,000.00	13,293.80	1.79	294
13,000	PROVIDIAN NATL BK NEW HAMPHIRE CD DTD 06/06/2001 5.55% 06/06/2005	722	5.5	100.00	100.97	13,000.00	13,126.44	1.77	126
10,000	PROVIDIAN NATL BK TILTON N.H CD DTD 02/26/2003 2.1% 02/28/2005	210	2.1	100.00	99.88	10,000.00	9,988.10	1.35	12-
	TOTAL CERTIFICATES OF DEPOSIT	2,358	4.9			48,000.00	48,427.50	6.53	428
	CORPORATE BONDS - NONCONVERTIBLE								
5,000	MARSHALL & ILSLEY CO MEDIUM TERM NOTE DTD 07/24/2003 4.4% 07/15/2018-2006	220	4.6	100.00	95.62	5,000.00	4,781.05	0.64	219-
	TOTAL FIXED INCOME	2,578	4.8			53,000.00	53,208.55	7.18	209
	EQUITIES								

SCHEDULE III, ATT. D
PAGE 1 OF 2

1704

SCHEDULE OF INVESTMENTS

PAGE 4

BARBARA W HAYES TRUST AGENCY
WACHOVIA BANK, N.A.
INVESTMENT AGENT UNDER AGREEMENT
DATED MARCH 14, 2004

ACCT 1025883561

ASSETS HELD 12/31/04
VALUED AS OF 12/31/04

SHARES OR FACE AMOUNT	DESCRIPTION	EST INC	CURR YLD	UNIT COST	UNIT MARKET	TOTAL TAX COST	TOTAL MKT VALUE	PCT MV	UNREAL GN/LS
	COMMON STOCKS								
500	AMSOUTH BANCORP COM	500	3.9	24.70	25.90	12,351.25	12,950.00	1.75	599
1,400	BRISTOL-MYERS SQUIBB CO COM	1,568	4.4	33.64	25.62	47,096.80	35,868.00	4.84	11,229-
400	CHEVRONTEXACO CORP COM	640	3.0	46.92	52.51	18,767.50	21,004.00	2.83	2,237
500	DOVER CORP COM	320	1.5	69.56	41.94	24,781.25	20,970.00	2.83	3,811-
200	EMERSON ELEC CO COM	332	2.4	61.33	70.10	12,265.00	14,020.00	1.89	1,755
400	JP MORGAN CHASE & CO COM	544	3.5	36.89	39.01	14,756.00	15,604.00	2.11	848
2,000	JOHNSON CTLS INC COM	2,000	1.6	39.60	63.44	79,207.00	126,880.00	17.12	47,673
1,300	KIMBERLY-CLARK CORP COM	1,600	2.4	61.58	65.81	61,583.26	65,810.00	8.88	4,227
350	MARATHON OIL CORP COM	392	3.0	37.13	37.61	12,994.62	13,163.50	1.78	169
300	MASSEY ENERGY CO COM	48	0.5	27.24	34.95	8,172.75	10,485.00	1.41	2,312
30.3	NEENAH PAPER INC-WHEN ISSUED COM	0	0.0	33.10	32.60	1,002.94	987.88	0.13	15-
750	ORACLE CORP COM	0	0.0	43.38	13.72	32,988.15	10,290.00	1.39	22,698-
250	PFIZER INC COM	190	2.8	33.95	26.89	8,486.87	6,722.50	0.91	1,764-
1,200	PROCTER & GAMBLE CO COM	1,200	1.8	42.71	55.08	51,248.10	66,096.00	8.92	14,848
1,000	RAYTHEON CO COM	800	2.1	34.80	38.83	34,797.50	38,830.00	5.24	4,033
500	VODAFONE GROUP PLC NEW SPONSORED ADR	277	2.0	39.47	27.38	19,734.25	13,690.00	1.85	6,044-
150	WPS RES CORP COM	333	4.4	46.72	49.96	7,007.62	7,494.00	1.01	486
1,500	WALGREEN CO COM	315	0.5	35.95	38.37	53,929.62	57,555.00	7.76	3,625
300	WISCONSIN ENERGY CORP COM	252	2.5	31.83	33.71	9,549.75	10,113.00	1.36	563
1,250	WRIGLEY (WILLIAM) JR. CO COM	1,175	1.4	47.81	69.13	59,766.25	86,487.50	11.67	26,721
140	ZIMMER HLDGS INC COM	0	0.0	64.09	80.12	8,972.34	11,216.80	1.51	2,244
1,250	FLEXTRONICS INTL LTD COM	0	0.0	24.96	13.82	31,198.12	17,275.00	2.33	13,923-
	TOTAL COMMON STOCKS	12,486	1.9			610,656.94	663,512.18	89.51	52,855
	TOTAL FUND	15,489	2.1			688,200.91	741,264.70	100.00	53,064

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

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2005 MAY 13 PM 2:37

U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

John David Hayworth Jr.
(Full Name)

2434 Rayburn Bldg
Washington, DC 20515
(Mailing Address)

Daytime Telephone
202/225-2190

Filer Status	[X] Member of the U.S. House of Representatives — State: AZ District: 5	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	J. D. Hayworth Jr.	5/11/05

1706

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Team PAC	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

John David Hayworth Jr.
(Full Name)
2434 Rayburn Bldg
(Mailing Address)
Washington, DC 20515
Daytime Telephone 202/225-2190

Filer Status	[X] Member of the U.S. House of Representatives — State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date ____

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	J D Hayworth, M.C.	5/16/05

1708

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honorana; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Team PAC	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
	XYZ Magazine	Article	Aug. 13, 2004	$500
	Turner Broadcasting System	appearance	Oct. 13, 2004	$1,000

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Name Hayworth | Page 4 of 4

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–11	Wash , D.C —Los Angeles—Cleveland	Y	Y	Y	2 Days
	Turner Broadcasting System	April 19, 2004	Phx, AZ - Las Vegas, NV - Phx, AZ	N	N	Y (not at TBS expense)	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

5

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

JOEL M. HEFLEY
(Full Name)

Rm 2372 Rayburn HOB 20515
(Mailing Address)

(202) 225-4422
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: Co. District: 5th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
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Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Joel Hefley	5/16/05

1712

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
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	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	CO. STATE Legislature	spouse salary	
	STATE OF CO.		

For payments to charity in lieu of honoraria, use Schedule II.

Name JOEL M. HEFLEY | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: None	$1 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	$1 – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	Block E: P, S, E
SP		SP	Mega Corp. Stock					X								X										X							P
DC	*Examples:*		Simon & Schuster			Indefinite															Royalties									X			
JT			1st Bank of Paducah, KY accounts						X								X										X						
JT	GLD MAGNOLIA Wk. Edisto Is., S.C.									X						X											X						
	Public Emp. Retirement						X											X				NONE UNTIL Retirement											
	TEACHERS INS. Annuity										X							X				NONE UNTIL Retirement											

For additional assets and unearned income, use next page.

1714

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOEL M. HEFLEY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Congressional FED. Credit UNION						X									X						X								

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	BANK OF NORTHUMBERLAND	LOAN ON INVESTMENT			X							
	HEATHVILLE, VA.	PROPERTY										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

HAND DELIVERE

RESOURCE CENTER

2005 MAY 16 PM 4:14

(Office Use Only)

1717

MC

Jeb Hensarling
(Full Name)

132 Cannon HOB Washington, DC 20515
(Mailing Address)

202-225-3484
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: TX District: 05	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Jeb Hensarling	5/16/05

SCHEDULE I - EARNED INCOME

Name Jeb Hensarling

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
San Jacinto Ventures, LLC Dallas, Texas	Settlement of contract dispute predating House service	$100,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jeb Hensarling

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Aleris Int'l, Inc. - Stock (Formerly Imco Recycling)	$100,001 - $250,000		NONE	S (partial)
JT	Bank of America Checking Account	$1,001 - $15,000		NONE	
JT	Coca Cola Co. - Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Cohen & Steers Realty Mutual Fund	$50,001 - $100,000	CAPITAL GAINS	$5,001 - $15,000	
	Computer Associates - Stock	None	DIVIDENDS	$1 - $200	S
	Dallas National Bank; Bank Stock	$15,001 - $50,000		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jeb Hensarling

	Dreyfus Disciplined Stock Fund	$15,001-$50,000		NONE	
	Dreyfus Emerging Leaders Mutual Fund	$100, 001-250,000		NONE	
	Dreyfuss New Leaders Mutual Fund	None	CAPITAL GAINS	$201 - $1,000	S
	Equity Residential Properties Mutual Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500	
	Family Support Assurance Corp., Data Mgmt Stock	$1,001 - $15,000		NONE	
	Fidelity Municipal Money Market Fund	$250,001 - $500,000	DIVIDENDS	$1,001- $2,500	
	Fidelity OTC Portfolio Mutual Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Fidelity Overseas Mutual Fund	$50,001 - $100,000	DIVIDENDS	$201 - $1,000	
	Fidelity Select Biotechnology Fund - IRA	$50,001- $100,000		NONE	
	Fidelity Select Electronics Mutual Fund	$100,001 - $250,000		NONE	
	Fidelity Select Financial Services Mutual Fund	$50,001 - $100,000	CAPITAL GAINS	$5,001 - $15,000	
	Green Mountain Energy Co. - Stock	$50,001 - $100,000		NONE	E (partial)
	Green Mountain Energy Co. Options (150k @ 6.67 -expires 11/2/09; 25k @ 3.59 -expires 9/27/10; 12/31/04 stock price was $3.50)	None		NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jeb Hensarling

	Michaels Stores, Inc. - Stock	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	S (partial)
	Neuberger & Berman Genesis Mutual Fund	$15,001 - $50,000		NONE	
	Ranger Fund, TX; Investment Fund	$250,001 - $500,000			E
	Robertson & Stephen Value & Growth Mutual Fund	$1,001 - $15,000		NONE	
	Schwab 1000 Fund	$1,001 - $15,000		NONE	
SP	Smith Barney IRA	$15,001 - $50,000		NONE	
	Vanguard S&P 500 Portfolio Mutual Fund	$250,001 - $500,000	DIVIDENDS	$5,001 - $15,000	
	Zixit Corp Stock	$15,001 - $50,000		NONE	

SCHEDULE IV - TRANSACTIONS

Name Jeb Hensarling

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Aleris Int'l, Inc. - Stock (Formerly Imco Recycling)	S	12-13-04	$15,001 - $50,000
	Ranger Fund, TX; Investment Fund	E	3-1-04	$250,001 - $500,000
	Computer Assoc. Intl. Stock	S	12-13-04	$15,001 - $50,000
	Dreyfus New Leaders Fund	S	12-13-04	$15,001 - $50,000
	Michaels Stores, Inc., Stock	E	9-20-04	$50,001 - $100,000
	Maverick Capital Fund	E	3-1-04	$250,001 - $500,000

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CEN
2005 MAY 11 AM 11:0
U.S. HOUSE OF REPRESENTATIVES
MC
(Office Use Only)

Walter William Herger Jr. — HAND DELIVERED
(Full Name)

2268 Rayburn House Office Building Washington, DC 20515 — 202-226-3076
(Mailing Address) — Daytime Telephone

Filer Status: ☑ Member of the U.S. House of Representatives — State: CA — District: 02 ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☑
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? Yes ☐ No ☑
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☑
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Walter Herger Jr.	5-4-05

1723

SCHEDULE I - EARNED INCOME

Name Walter William Herger Jr.

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
St. Elizabeth Community Hospital	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Walter William Herger Jr.

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
4th Ave. (Rio Oso, CA)	$100,001 - $250,000	RENT	$15,001 - $50,000	N/A
Herger Ranch (Rio Oso, CA	$1,000,001 - $5,000,000	RENT	$15,001 - $50,000	N/A
Herger Gas (Rio Oso, CA)	$1,000,001 - $5,000,000	S-corp Allocation	$15,001 - $50,000	N/A

1725

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Walter William Herger Jr.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Assoc. Of American Railroads	Jan 16-18	Wash., D.C.–San Diego--Wash., D.C.	Y	Y	Y	No
Conservative Members Retreat	Jan 21-23	Wash., D.C--Cambridge MD--Wash., D.C.	Y	Y	N	No
Nat'l Republican Congressional Committee	Dec 10-13	Wash., D.C.--NYC--Wash., D.C.	Y	Y	Y	No

SCHEDULE VIII - POSITIONS

Name Walter William Herger Jr.

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President/Director (Uncompensated)	Herger Gas Inc. (Propane Gas Distribution, Rio Oso, CA)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 13 PM 4:07
U.S. HOUSE OF REPRESENTATIVES
MC (Office Use Only)

Stephanie Marie Herseth
(Full Name)

P.O. Box 884, Brookings, SD 57006
(Mailing Address)

(202) 225-2801
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives — State: South Dakota District: At-Large	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Stephanie Herseth	5/12/05

1728

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Herseth for Congress (prior to election on 6/1/04)	Salary	$15,000
	First National Bank in Brookings (prior to election on 6/1/04)	Director's Fees	$2,575

For payments to charity in lieu of honoraria, use Schedule II.

Name Stephanie Herseth | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None (A)	$1 – $1,000 (B)	$1,001 – $15,000 (C)	$15,001 – $50,000 (D)	$50,001 – $100,000 (E)	$100,001 – $250,000 (F)	$250,001 – $500,000 (G)	$500,001 – $1,000,000 (H)	$1,000,001 – $5,000,000 (I)	$5,000,001 – $25,000,000 (J)	$25,000,001 – $50,000,000 (K)	Over $50,000,000 (L)	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None (I)	$1 – $200 (II)	$201 – $1,000 (III)	$1,001 – $2,500 (IV)	$2,501 – $5,000 (V)	$5,001 – $15,000 (VI)	$15,001 – $50,000 (VII)	$50,001 – $100,000 (VIII)	$100,001 – $1,000,000 (IX)	$1,000,001 – $5,000,000 (X)	Over $5,000,000 (XI)	Block E: P, S, E
SP	Examples					X								X										X								P
DC	Examples		Indefinite																	Royalties									X			
JT	Examples						X									X										X						
	Livestock			X																Farm Income				X								S

For additional assets and unearned income, use next page.

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SCHEDULE IV — TRANSACTIONS

Name Stephanie Herseth | Page 4 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–04		X								
	First National Bank stock			X		12-23-04	X									
	Livestock			X		1-9-04	X									

This page may be copied if more space is required.

Name Stephanie Herseth | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	U.S. Department of Education	consolidated student loans			X							
	Midwest R&S Corporation	bank loan		X								
	Citibank	revolving charge account	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Director	First National Bank in Brookings (prior to election on 6/1/04)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 5:

(Office Use Only)

BRIAN MICHAEL HIGGINS
(Full Name)

43 MORGAN ROAD
BUFFALO NEW YORK 14220
(Mailing Address)

(716) 913-4736
(Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State: NEW YORK District 27TH	[ ] Officer or Employee — Employing Office: US CONGRESS
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	B. Higgins	5/8/2005

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
NEW YORK STATE ASSEMBLY	SALARY	$79,500
BUFFALO BOARD OF EDUCATION	SPOUSE SALARY	$43,000

For payments to charity in lieu of honoraria, use Schedule II.

Name Higgins, Brian | Page 3 of 4

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
N/A			

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Name Higgins, Brian

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP	Mega Corp. Stock	F	DIVIDENDS	IV	P
DC	Simon & Schuster	Indefinite	INTEREST; Royalties	IX	
JT	1st Bank of Paducah, KY accounts	F	INTEREST	VII	
	NYS RETIREMENT		DIVIDENDS; INTEREST; CAPITAL GAINS; RETIREMENT	VII	
	NYS DEFERRED COMP		DIVIDENDS; INTEREST; CAPITAL GAINS; RETIREMENT	VII	
	NYS COLLEGE SAVINGS		DIVIDENDS; INTEREST; CAPITAL GAINS	VII	
	TIAA CREFF		DIVIDENDS; INTEREST; CAPITAL GAINS; RETIREMENT	IV	
	33 HOLLYWOOD		RENT	IX	

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Higgins

Page 5 of 9

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
SP, DC, JT	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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Name Higgins

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	INTEL		X		9-04		X								
	CISCO		X		9-04	X									
	TX INS		X		9-04	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	CHASE MORTGAGE	MORTGAGE				X						
	ABN AMRO MORTGAGE	MORTGAGE			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	NYS ASSEMBLY TRAVEL	1/2004 - 12/2004	weekly commute from BFlo to Albany NY	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 12 PM 3:38
(Office Use Only)
U.S. HOUSE OF REPRESENTATIVES

Maurice D. Hinchey
(Full Name)

2431 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-6335
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: NY District: 22	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15) ☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependant child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Maurice D. Hinchey	5/12/05

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SCHEDULE I - EARNED INCOME

Name Maurice D. Hinchey

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of New York	Legislative Pension	$34,558

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Maurice D. Hinchey

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Alfacell Common Stock	$1 - $1,000	CAPITAL GAINS	NONE	
Echo Hill Road property, Saugerties, NY	None	CAPITAL GAINS	$5,001 - $15,000	P, S
Novo Networks Stock	$1 - $1,000	CAPITAL GAINS	NONE	
Prudential IRA	$15,001 - $50,000	CAPITAL GAINS	NONE	
Ulster Savings personal savings account	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE IV - TRANSACTIONS

Name Maurice D. Hinchey

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Echo Hill Road property, Saugerties, NY	P	5-1-04	$15,001 - $50,000
	Echo Hill Road property, Saugerties, NY	S	12-20-04	$50,001 - $100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Maurice D. Hinchey

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Congressional Program of the Aspen Institute	Feb 17-22	Albany, NY -- Cancun, Mexico -- Albany, NY	Y	Y	N	N/A
International Management and Development Institute	Apr 11-18	Albany, NY -- Moscow, Russia -- Bratislava, Slovakia -- Budapest, Hungary -- Albany, NY	Y	Y	N	N/A
Center for International Policy	Jun 29 - July 2	Albany, NY - Tegucigalpa, Honduras -- Albany, NY	Y	Y	N	N/A
American Shipbuilding Association	Nov 30 -- Dec 2	Albany, NY -- Naples, FL -- Albany, NY	Y	Y	N	N/A

MAURICE D. HINCHEY
22ND DISTRICT, NEW YORK

COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEES
AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES

INTERIOR

Congress of the United States
House of Representatives

Washington, DC 20515–3222

June 14, 2005

WASHINGTON OFFICE:
2431 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–3222
(202) 225-6335

www.house.gov/hinchey

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 JUN 15 AM 9:53
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

The Honorable Jeff Trandahl
Clerk of the House
B-106 Cannon HOB
INSIDE MAIL

Dear Mr. Trandahl:

Enclosed please find amendments to my 2004 Financial Disclosure Report. It has come to my attention that there was an error on my 2004 report affecting Schedules III and IV. I neglected to include in my annual report the purchase of real property in Saugerties, New York. The enclosed report includes updates to the affected schedules.

I hope that this letter sufficiently explains the amendments to my 2004 Financial Disclosure Report. If you have any questions, please feel free to contact my chief of staff, Wendy Darwell, or me at 225-6335.

Best regards.

Sincerely,

Maurice D. Hinchey

MDH:wdd

BINGHAMTON OFFICE:
100A FEDERAL BUILDING
BINGHAMTON, NY 13901
(607) 773-2768

ITHACA OFFICE
123 SOUTH CAYUGA STREET
SUITE 201
ITHACA, NY 14850
(607) 273-1388

KINGSTON OFFICE:
291 WALL STREET
KINGSTON, NY 12401
(845) 331-4466

MIDDLETOWN OFFICE:
CITY HALL, THIRD FLOOR
16 JAMES STREET
MIDDLETOWN, NY 10940
(845) 344-3211

MONTICELLO OFFICE:
18 ANAWANA LAKE ROAD
MONTICELLO, NY 12701
(845) 791-7116

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 JUN 15 AM 9:53
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

Maurice D. Hinchey
(Full Name)

2431 Rayburn House Office Building Washington, DC 20515
(Mailing Address)

202-225-6335
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: NY District: 22	☐ Officer Or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☑ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Maurice D. Hinchey	6/14/05

1749

SCHEDULE I - EARNED INCOME

Name Maurice D. Hinchey

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
State of New York	Legislative Pension	$34,558

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Maurice D Hinchey

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Alfacell Common Stock	$1 - $1,000	CAPITAL GAINS	NONE	
	Echo Hill Road property, Saugerties, NY	None	CAPITAL GAINS	$5,001 - $15,000	P, S
	Novo Networks Stock	$1 - $1,000	CAPITAL GAINS	NONE	
	Prudential IRA	$15,001 - $50,000	CAPITAL GAINS	NONE	
	Ulster Savings personal savings account	$1,001 - $15,000	INTEREST	$1 - $200	
	Partition Street property, Saugerties, NY	$15,001 - $50,000	CAPITAL GAINS	NONE	P

SCHEDULE IV - TRANSACTIONS

Name Maurice D. Hinchey

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Echo Hill Road property, Saugerties, NY	P	5-1-04	$15,001 - $50,000
	Echo Hill Road property, Saugerties, NY	S	12-20-04	$50,001 - $100,000
	Partition Street property, Saugerties, NY	P	3-1-04	$15,001 - $50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Maurice D. Hinchey

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Congressional Program of the Aspen Institute	Feb 17-22	Albany, NY -- Cancun, Mexico -- Albany, NY	Y	Y	N	N/A
International Management and Development Institute	Apr 11-18	Albany, NY -- Moscow, Russia -- Bratislava, Slovakia -- Budapest, Hungary -- Albany, NY	Y	Y	N	N/A
Center for International Policy	Jun 29 - July 2	Albany, NY - Tegucigalpa, Honduras -- Albany, NY	Y	Y	N	N/A
American Shipbuilding Association	Nov 30 -- Dec 2	Albany, NY -- Naples, FL -- Albany, NY	Y	Y	N	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 MAY 16 PM 2:52
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)
MC

RUBEN E. HINOJOSA
(Full Name)
P.O. BOX 1075
(Mailing Address)
MERCEDES, TX 78570
(202) 225-2531
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: TEXAS District: 15TH	[ ] Officer or Employee — Employing Office:	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Ruben E. Hinojosa	May 13, 2005

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
H & H FOODS	CONSULTING FEES	20,000
ROBERT DRISCOLL AND JULIA DRISCOLL AND ROBERT DRISCOLL, JR. FOUNDATION	SPOUSE DIRECTOR FEES	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		Value of Asset	Type of Income							Amount of Income											Transaction
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: Mega Corp. Stock	SP					X								X										X								P
	Simon & Schusler			Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts							X									X									X							
	342 S. TEXAS AVE. / MERCEDES, TX RUBEN'S RENTAL BUILDING						X									X										X							
	REAL ESTATE ASSOCIATES			X																	PARTNERSHIP INCOME				X								
	HINOJOSA ENTERPRISES				X																PARTNERSHIP INCOME	X											
	HINOJOSA DEVELOPMENT									X											PARTNERSHIP INCOME						X						
SP	FIRM CONSULTANTS, INC.				X																S CORPORATION INCOME		X										
	H*H FOODS ESOP (ROLLED OVER TO MERRILL LYNCH IRRA BEGINNING 3/24/04 AND ENDING 3/31/08)																																

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name RUBEN E HINOJOSA

Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	H & H FOODS STOCK									X				X							X										
DC	MERRILL LYNCH CMA			X										X		X						X									
DC	TEXAS REGIONAL BANCSHARES						X							X										X							
SP	MERRILL LYNCH (IRA)- CASH			X										X								X									
SP	EXXON MOBIL CORP STOCK			X										X								X									
SP	INTL BANCSHARES STOCK			X										X									X								
SP	MICROSOFT CORP STOCK			X										X										X							
SP	PFIZER INC STOCK			X										X								X									
SP	PROCTER GAMBLE STOCK			X										X								X									
DC	TEXAS TOMORROW FUND				X											X					X										
JT	BANK OF AMERICA CHECKING (cc)		X														N/A				X										
JT	BANK OF AMERICA SAVINGS				X											X						X									
	MERRILL LYNCH CMA			X												X						X									
	EXXON MOBIL CORP STOCK				X									X									X								
	MICROSOFT CORP STOCK			X										X										X							
	PFIZER INC STOCK			X										X									X								
	PROCTER GAMBLE STOCK			X										X									X								
	DAIN RAUSCHER (IRA)																														
	MFS TOTAL RETURN FUND - A																														
	MASSACHUSETTS INVESTORS																														
	MFS GOV'T SECURITIES FUND																														
	(ROLLED OVER TO THRIFT SAVINGS PLAN ON 5/20/04)																														

This page may be copied if more space is required.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name RUBEN E. HINOJOSA

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
DC	MERRILL LYNCH CMA		X											X		X						X										
DC	TEXAS REGIONAL BANCSHARES			X										X								X										
DC	TSB SECURITIES, INC. - CASH		X											X								X										
DC	TEXAS REGIONAL BANCSHARES			X										X								X										
	MERRILL LYNCH (IRRA) - CASH				X									X								X										
	H&H FOODS ESOP NOTE						X									X					X											
SP	AVAYA INC																															
SP	AGERE SYSTEMS INC																															
SP	LUCENT TECHNOLOGIES STOCK																															
SP	WORLDCOM INC STOCK																															
	* DISPOSED DURING 2004 IN TRANSACTIONS LESS THAN $1,000 EACH																															

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SCHEDULE IV — TRANSACTIONS

Name RUBEN E HINOJOSA

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-04		X								
SP	EXXON MOBIL CORP STOCK	X			1-8-04	X									
SP	EXXON MOBIL CORP STOCK	X			4-2-04	X									
SP	PFIZER INC STOCK	X			1-8-04	X									
SP	PFIZER INC STOCK	X			4-2-04	X									
SP	PROCTER GAMBLE STOCK	X			4-2-04	X									
	EXXON MOBIL CORP STOCK	X			1-8-04	X									
	MICROSOFT CORP STOCK	X			1-8-04	X									
	PFIZER INC STOCK	X			1-8-04	X									
	PROCTER GAMBLE STOCK	X			1-8-04	X									
	E-COURT STOCK RECOVERY (PLACED IN RECEIVERSHIP 10-2-00)		X		2-13-04	X									

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Name RUBEN E. HINOJOSA | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	HINOJOSA DEVELOPMENT CO.	PERSONAL LOAN 1984					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	NEW YORK STOCK EXCHANGE	JAN. 29-30	WASH. D.C. - NEW YORK, N.Y. - McALLEN, TX	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PARTNER	HINOJOSA DEVELOPMENT COMPANY
PARTNER	HINOJOSA ENTERPRISES
PARTNER	REAL ESTATE ASSOCIATES LIMITED II

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

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HAND DELIVERED

LEGISLATIVE RECORDING OFFICE
2005 MAY 13 PM 3:06
(Office Use Only)
HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

David L. Hobson
(Full Name)

2905 Kilkenny Drive Springfield, OH 45503
(Mailing Address)

202-225-4324
Daytime Telephone:

Filer Status: ☑ Member of the U.S. House of Representatives — State: OH District: 07 ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☑ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☑ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $295 and not otherwise exempt)? Yes ☑ No ☐
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $295 from one source)? Yes ☑ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☑ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☑ No ☐
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No ☑

Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	David L. Hobson	5-12-05

SCHEDULE I - EARNED INCOME

Name David L. Hobson

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Public Employee Retirement System of Ohio	Legislative Pension	$12,355

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name David L. Hobson

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Diageo	Appearance	Mar. 9, 2004	$500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
I-Four Partnership (Bldgs & Land) 2138 N. Limestone, Sprinfield, Ohio	$1,000,001 - $5,000,000	RENT	$15,001 - $50,000	
Fidelity Investment Advisors, Inc. (S-Corp), (Partner In Birkdale Village Ltd (Closed 2004) and Aberdeen Village) McArthur, OH	$1,000,001 - $5,000,000	S-CORP. INCOME, INTEREST, RENTAL INCOME	$100,001 - $1,000,000	
Aberdeen Village LLC (Bldgs & Land)	$250,001 - $500,000	PARTNERSHIP INCOME	$15,001 - $50,000	P
Fidelity Investment Advisors, Inc. Investments at SmithBarney Citigroup	$100,001 - $250,000	DIVIDENDS/INTEREST	$5,001 - $15,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

	The Offices at Rickenbacker LLC (Buildings & Land), Dublin, OH	$500,001 - $1,000,000	INTEREST/RENT	NONE/PARTNERSHIP LOSS
	Village Associates, LLC (Buildings & Land), Powell, OH	$500,001 - $1,000,000	RENT	$5,001 - $15,000
	Spring Creek Shopping Center, LLC (Buildings & Land), Columbus, OH	$250,001 - $500,000	RENT	$15,001 - $50,000
	Fujiyama Columbus Partnership, Note Receivable	$250,001 - $500,000	INTEREST	$5,001 - $15,000
	Fujiyama Indianapolis Partnership, Note Receivable	$100,001 - $250,000	INTEREST	$5,001 - $15,000
SP	Delaware Group (Mutual Fund)	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500
	Scudder Mutual Funds	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
SP	Proctor & Gamble (Stock)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000
	Proctor & Gamble (Stock)	$50,001 - $100,000	DIVIDENDS	$201 - $1,000
	IBM Corp Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200
	FLC (Stock)	$1,001 - $15,000	DIVIDENDS	NONE
	International Basic Resources (Stock)	$1,001 - $15,000	DIVIDENDS	NONE
	Ohio Public Employee Retirement Fund	$15,001 - $50,000	PENSION	$5,001 - $15,000
	Assets Held in Smith Barney Citigroup #715-51764-10			

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

	Citigroup, Inc. (Stock)	None	DIVIDENDS	$201 - $1,000	Transfered to 715-45624
	Intel Corp (Stock)	None	DIVIDENDS	$1 - $200	Transfered to 715-45624
	Nokia Sponsored ADR (Stock)	None	DIVIDENDS	$201 - $1,000	Transfered to 715-45624
	Park National Corp	None	DIVIDENDS	$2,501 - $5,000	Transfered to 715-45624
	Cisco Systems, Inc. (Stock)	None	DIVIDENDS	NONE	Transfered to 715-45624
	Champaign Telephone Co. (Stock)	None	DIVIDENDS	$1,001 - $2,500	Transfered to 715-45624
	Chevron/Texaco Corp (Stock)	None	DIVIDENDS	$201 - $1,000	Transfered to 715-45624
	Proctor & Gamble (Stock)	None	DIVIDENDS	$201 - $1,000	Transfered to 715-45624
	Microsoft Corp (Stock)	None	DIVIDENDS	NONE	Transfered to 715-45624
	Arlington Bank Restricted (Stock)	None	DIVIDENDS	NONE	Transfered to 715-45624
	Amgen, Inc. (Stock)	None	DIVIDENDS	NONE	Transfered to 715-45624
	Dell, Inc. (Stock)	None	DIVIDENDS	NONE	Transfered to715-45624
	Huntington Bancshares, Inc. (Stock)	None	DIVIDENDS	$1 - $200	Transfered to 715-45624
	Lucent Technologies Inc. (Stock)	None	DIVIDENDS	NONE	Transfered to 715-45624

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

	JM Smucker Co. (Stock)	None	DIVIDENDS	$1 - $200	Transfered to 715-45624
	John Hancock Bank & Thrift Opportunity Fd (Mutual Fund)	None	DIVIDENDS	$1 - $200	Transfered to 715-45624
	Assets Held In Smith Barney Citigroup #715-45624-12				
	Park National Corp (Stock)	$100,001 - $250,000	DIVIDENDS	$1,001 - $2,500	Includes transfer from 715-51764
	Microsoft Corp	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	Includes Tmansfer from 715-51764
	Doubleclick, Inc. (Stock)	None	DIVIDENDS/CAPITAL LOSS	NONE	S
	Nokia Corp Sponsored ADR (Stock)	$15,001 - $50,000	DIVIDENDS/CAPITAL GAINS	$2,501 - $5,000	S/Includes transfer from 715-51764
	Intel Corp (Stock)	$15,001 - $50,000	DIVIDENDS	$1 - $200	Includes Transfer from 715-51764
	American Express Co. (Stock)	None	DIVIDENDS/CAPITAL LOSS	$1 - $200	S
	Citigroup, Inc. (Stock)	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	Includes tmasferfrom 715-51764
	IBM Corp (Stock)	$15,001 - $50,000	DIVIDENDS	$1 - $200	Includes Transfer from 715-06351

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

	Proctor & Gamble (Stock)	$500,001 - $1,000,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	Includes Transfers from 715-51764 & 715-06351
	Cisco Systems, Inc. (Stock)	$50,001 - $100,000	DIVIDENDS	NONE	Includes Transfer from 715-51764
	General Electric Co (Stock)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	Includes transfer from 715-06351
	Home Depot Inc (Stock)	$15,001 - $50,000	DIVIDENDS	$1 - $200	
	Pfizer, Inc. (Formerly Pharmacia Corp) (Stock)	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
	Walmart Stores, Inc. (Stock)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Amgen Inc. (Stock)	$15,001 - $50,000	DIVIDENDS	NONE	Transfered from 715-51764 & 715-06351
	Cardinal Health Inc. (Stock)	$50,001 - $100,000	DIVIDENDS	$1 - $200	P
	Champaign Tel Co. (Stock)	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	Transfered from 715-51764
	Chevron Texaco Corp. (Stock)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	Transfered from 715-51764
	Alcoa, Inc. (Stock)	None	DIVIDENDS/CAPITAL LOSS/N	NONE	PS

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

	Dell Inc. (Stock)	$1,001 - $15,000	DIVIDENDS	NONE	Transfer from 715-51764
	Exxon Mobi Corp (Stock)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	Transfer from 715-06351
	Fifth Third BancCorp (Stock)	$15,001 - $50,000	DIVIDENDS	NONE	P
	Fox Entertainment Group Inc.	$1,001 - $15,000	DIVIDENDS	NONE	P
	Horizon TelCom Inc. (Stock)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Huntington Bancshares Inc. (Stock)	$1,001 - $15,000	DIVIDENDS	$1 - $200	Transfers from 715-51764
	Lucent Technologies Inc. (Stock)	$1,001 - $15,000	DIVIDENDS	NONE	Transfered from 715-51764
	Medtronic Inc. (Stock)	$1,001 - $15,000	DIVIDENDS	$1 - $200	Transfered from 715-06351
	Merck & Co. Inc. (Stock)	$1,001 - $15,000	DIVIDENDS	$1 - $200	Transfered From 715-06351
	Oracle Corp (Stock)	$1,001 - $15,000	DIVIDENDS	NONE	Transfered From 715-06351
	Pepsico Inc. (Stock)	$1,001 - $15,000	DIVIDENDS	NONE	P
	Qualcomm Inc. (Stock)	$1,001 - $15,000	DIVIDENDS/CAPITAL LOSSES	$1 - $200	Transfer from 715-06351

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

	Royal Dutch Petroleum Co. (Stock)	$1,001 - $15,000	DIVIDENDS	$1 - $200	Transfer From 715-06351
	Smucker JM Co (Stock)	$1,001 - $15,000	DIVIDENDS	$1 - $200	Transfered from 715-06351
	Yahoo Inc. (Stock)	$1,001 - $15,000	DIVIDENDS	NONE	Transfered from 715-06351
	John Hancock Bank & Thrift Opportunity Fd (Mutual Fund)	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	Transfered from 715-51764
	Gillette Co. (Stock)	None	DIVIDENDS/CAPITAL GAIN	$1,001 - $2,500	PS
	UPS (Stock)	None	CAPITAL GAINS	$1,001 - $2,500	PS
	Assets Held In IRA Advest #WSD-800201-51				
	Microsoft Corp (Stock)	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	
	Park National Corp (Stock)	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	Money Funds	$1 - $1,000	DIVIDENDS	$1 - $200	
	Nokia Corp (Stock)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Merck & Co. (Stock)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P
	Medco Health Solutions Inc (Stock)	None	CAPITAL GAINS	$201 - $1,000	E/Under $1000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

	Assets Held in IRA Smith Barney Citigroup #715-50987-13				
	Select Unit Trust	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	SB Citigroup (Formerly SSB) Money Funds	$1 - $1,000	DIVIDENDS	$1 - $200	
	Smith Barney Lg Cap Growth Fd (Mutual Fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Smith Barney Aggressive Growth Fd (Mutual Fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Saloman Brothers Capital Fund (Mutual Fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Assets Held in IRA Smith Barney Citigroup #715-57493-15				
	Select Unit Trust	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	SB Citigroup (Formerly SSB) Money Funds	$1 - $1,000	DIVIDENDS	$1 - $200	
	Smith Barney Lg Cap Growth Fd (Mutual Fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Smith Barney Aggressive Growth Fd (Mutual Fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Saloman Brothers Capital Fund (Mutual Fund)	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Assets Held In Smith Barney Citigroup #715-06351-13				
	General Electric Co. (Stock)	None	DIVIDENDS	$1 - $200	Transfered to 715-45624

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

	IBM Corp (Stock)	None	DIVIDENDS	$1 - $200	Transfered to 715-45624
	Exxon Mobil Corp (Stock)	None	DIVIDENDS	$201 - $1,000	Transfered to 715-45624
	Oracle Corp (Stock)	None	DIVIDENDS	NONE	Transfered to 715-45624
	Proctor & Gamble (Stock)	None	DIVIDENDS	$5,001 - $15,000	Transfered to 715-45624
	Yahoo, Inc. (Stock)	None	DIVIDENDS	NONE	Transfered to 715-45624
	Bank of New York, Inc. (Stock)	None	DIVIDENDS/CAPITAL LOSS	NONE	S
	Merck & Co (Stock)	None	DIVIDENDS	$201 - $1,000	Transfered to 715-45624
	Royal Dutch Petroleum Co. (Stock)	None	DIVIDENDS	$1 - $200	Transfered to 715-45624
	JM Smucker Co (Stock)	None	DIVIDENDS	$1 - $200	Transfered to 715-45624
	Medco Health Solutions, Inc. (Stock)	None	DIVIDENDS/CAPITAL GAIN	$201 - $1,000	S
	Qualcomm, Inc (Stock)	None	DIVIDENDS	$1 - $200	Transfered to 715-45624
	Valueclick, Inc. (Stock)	None	DIVIDENDS/CAPITAL GAINS	$201 - $1,000	S
	Medtronic Inc. (Stock)	None	DIVIDENDS	NONE	P/Transfered to 715-45624
	Amgen Inc (Stock)	None	DIVIDENDS	NONE	P/Transfered to 715-45624

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

SP	Assets Held in Smith Barney Citigroup #715-01917-11				
	Proctor & Gamble (Stock)	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	
	Park National Corp (Stock)	$100,001 - $250,000	DIVIDENDS/CAPITAL GAINS	$5,001 - $15,000	
	Smith Barney Lg Cap Growth Fd (Mutual Fund)	$1,001 - $15,000	DIVIDENDS	NONE	
	Unit Investment Trust	$1,001 - $15,000	DIVIDENDS/CAPITAL GAINS	$1,001 - $2,500	S
	SB Citigroup (Formerly SSB) Money Funds	$1 - $1,000	DIVIDENDS	$1 - $200	
	Citibank Bank Deposit Program	$15,001 - $50,000	INTEREST	$1 - $200	
	JM Smucker Co (Stock)	$1 - $1,000	DIVIDENDS	$1 - $200	
	Real Estate, 3735 Fieldstone Blvd, Naples, FL	$100,001 - $250,000	RENT	$5,001 - $15,000	P

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SCHEDULE IV - TRANSACTIONS

Name David L. Hobson

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Assets Held in Smith Barney Citigroup #715-45624			
	American Express Co. (Stock)	S	05-17-04	$15,001 - $50,000
	Cardinal Health Inc. (Stock)	P	Various	$15,001 - $50,000
	Alcoa, Inc. (Stock)	PS	Various	$15,001 - $50,000
	Fifth Third BancCorp (Stock)	P	12-13-04	$15,001 - $50,000
	Fox Entertainment Group Inc.	P	11-15-04	$1,001 - $15,000
	Horizon TelCom Inc. (Stock)	P	03-04-04	$1,001 - $15,000
	Pepsico Inc. (Stock)	P	11-15-04	$1,001 - $15,000
	Gillette Co. (Stock)	PS	Various	$15,001 - $50,000
	Doubledick, Inc. (Stock)	S	Various	$15,001 - $50,000
	UPS (Stock)	PS	Various	$15,001 - $50,000
	Nokia Corp Sponsored ADR (Stock)	S	03-11-04	$15,001 - $50,000

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SCHEDULE IV - TRANSACTIONS

Name David L. Hobson

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Assets Held in Smith Barney Citigroup #715-06351-13			
	Bank of New York, Inc. (Stock)	S	Various	$1,001 - $15,000
	Medco Health Solutions, Inc. (Stock)	S	02-13-04	$1,001 - $15,000
	Valueclick, Inc. (Stock)	S	05-21-04	$1,001 - $15,000
	Medtronic Inc. (Stock)	P	05-21-04	$1,001 - $15,000
	Amgen Inc (Stock)	P	05-21-04	$1,001 - $15,000
SP	Assets Held in Smith Barney Citigroup #715-01917-11			
	Unit Investment Trust	S	07-19-04	$1,001 - $15,000
	Aberdeen Village LLC (Bldgs & Land)	P	01-01-04	$100,001 - $250,000
	Assets Held in IRA Advest #WSD-800201-51			
	Merck & Co. (Stock)	P	Various	$1,001 - $15,000
	Real Estate, 3735 Fieldstone Blvd, Naples, FL	P	01-01-04	$100,001 - $250,000

SCHEDULE V - LIABILITIES

Name David L. Hobson

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	KeyBank	Fujiyama Columbus OH Partnership Restaurant & Land	$250,001 - $500,000
	Security National Bank	First Mortgage on 2138 N. Limestone Street	$500,001 - $1,000,000
	Heller Small Business Lending Corp, Indianapolis, IN	Mortgage on Fujiyama Restaurant, Indianapolis, IN	$100,001 - $250,000
	Security National Bank	Business Note	$15,001 - $50,000
	Smith Barney	Note Secured by Stock	$500,001 - $1,000,000
	New Carlisle Federal	Revolving Line of Credit	$50,001 - $100,000
	National City Bank	Business Note, The Offices at Rickenbacker, LLC	$250,001 - $500,000
	Provident Bank (Paid Off 2004)	Business Note, Birkdale Village Ltd Partnership, Dayton, OH (Fidelity Investment Advisors, Inc.	$500,001 - $1,000,000
	US Bank	Business Note, Village Associates LLC, Powell, OH	$500,001 - $1,000,000
	SkyBank	Business Note, Aberdeen Village, LLC, Dayton, OH (Fidelity Investment Advisors, Inc.)	$100,001 - $250,000
	SkyBank	Business Note, Aberdeen Village, LLC, Dayton, OH	$15,001 - $50,000

SCHEDULE V - LIABILITIES

Name David L. Hobson

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Huntington Mortgage	Mortgage on 3735 Fieldstone Blvd, Naples, FL	$100,001 - $250,000

SCHEDULE VI - GIFTS

Name David L. Hobson

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Mr. Steve Wright and Amanda Wright Lane, Dayton, OH	Wright Brothers Plaque, including Swatch of Muslin from 1903 Flyer (Determination on "Bona fide, nonmonetary awards" received from Committee on Standards)	$10,500

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name David L. Hobson

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Congressional Program of the Aspen Institute, Conference on Education Reform	Feb. 17-22	Dayton, OH--Cancun, Mexico--Dayton, OH	Y	Y	Y	N/A
Ripon Educational Fund-2004 Transatlantic Conference	Nov. 6-12	Washington, DC--Budapest, Hungary--Washington, DC	Y	Y	Y	N/A
American Shipbuilding Assn.-Congressional/Industry Workshop	Nov. 30-Dec. 02	Washington, DC--Ft. Myers, FL--Washington, DC	Y	Y	Y	N/A

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SCHEDULE VIII - POSITIONS

Name David L. Hobson

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	I-Four
Officer	Fidelity Investment Advisors, Inc.
Partner	The Offices at Rickenbacker, LLC
Partner	Village Associates, LLC
Partner	Spring Creek Shopping Center, LLC
Partner	Aberdeen Village, LLC

SCHEDULE IX - AGREEMENTS

Name David L. Hobson

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1982-Present	State of Ohio Public Retirement System	Continuing participation in retirement plan

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 MAY 27 PM 3:15
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Peter Hoekstra
(Full Name)
1454 Cimarron Dr.
Holland, MI 49423
(Mailing Address)
Daytime Telephone 616-335-2343

Filer Status	[X] Member of the U.S. House of Representatives	State MI District 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Peter Hoekstra	05-26-05

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

Name Peter Hoekstra Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2003	$2,000
	XYZ Magazine	Article	Aug. 13, 2003	$500
	Grand Haven High School, Grand Haven MI	graduation speech	5-23-04	$200

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Name Peter Hoekstra

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	Personal Accounts																															
	- Macatawa Bank			X												X						X										
	- Fed. Credit Union			X												X						X										
	Herman Miller Stock				X									X									X									Donated
	Fed. Thrift Savings							X						X		X					NA											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter Hoekstra

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Gentex					X								X			X							X							P
	Huntington Bank			X										X			X						X									S
	Irwin Financial				X									X			X						X									
	APA Optics			X										X			X					X										
	CMS Energy			X										X			X					X										
	Clarion			X										X			X					X										
	SW Airlines				X									X			X						X									P
	Growth Fund America				X									X		X	X							X								
	Ivanhoe Energy			X										X			X					X										
	Schwab Corp.			X										X			X					X										S
	Sirius Sat.			X										X			X					X										S
	Verisign			X										X			X					X										P/S
	Siebel Systems			X										X			X					X										P
	Microsoft				X									X			X								X							
	Washington Mutual					X								X		X	X								X							
	Urstadt Biddle			X										X		X	X							X								
	New Economy Fund				X									X		X	X							X								
	Sen Banc				X									X			X					X										P
	ADC Telecomm			X										X			X					X										P
	First Potomac Realty			X										X		X	X							X								S
	Br. Stearns				X									X		X	X							X								
	Money Market			X												X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter Hoekstra

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Franklin Utilities					X																										
	Regeons Fin. Corp/ Union Planters			X																			X		X							

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SCHEDULE IV — TRANSACTIONS

Name Peter Hoekstra

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-04		X								
	SW Airlines	X			7-1-04		X								
	Verisign	X			7-1-04	X									
	"		X		12-17-04	X									
	Gentex		X		2-4-04	X									
	Sen Banc	X			1-7-04		X								
	"	X			12-22-04	X									
	ADC Telecomm	X			12-27-04	X									
	First Potomac		X		4-21-04	X									
	Siebel Systems	X			12-27-04	X									
	Herman Miller	Donated			12-23-04	X									
					12-30-04	X									
	Huntington Bank				1-7-04	X									
	Irwin Financial				1-7-04		X								
	Schwab		X		12-22-04	X									
	Sirius		X		11-23-04	X									
	"		X		12-22-04	X									

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Name Peter Hoekstra | Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Macatawa Bank Holland, MI	Equity Line of Credit			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Heritage Foundation	Jan 21/22	Wash D.C - Cambridge, MD - Wash. DC	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Compass Arts

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
None		

Use additional sheets if more space is required.

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A — For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2005 MAY 16 PM 2:28
(Office Use Only)

Tim Holden
(Full Name)

31 Pearl Street St. Clair, PA 17970
(Mailing Address)

(202)225-5546
Daytime Telephone:

Filer Status: ☑ Member of the U.S. House of Representative — State: PA — District: 17 ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☑ No ☐	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes ☑ No ☐	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? If yes, complete and attach Schedule VII.	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tim Holden	5/12/05

1794

SCHEDULE I - EARNED INCOME

Name Tim Holden

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
County of Schuylkill	Spouse salary	$41,141.14

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Name Tim Holden

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Diago of North America	appearance	March 8, 2004	$1,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Tim Holden

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Schuylkill Federal Employees Credit Union, 724 Market Street, Pottsville, PA 17901	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	M &T Bank, One South Centre, Pottsville, PA 17901	$15,001 - $50,000	INTEREST	$1 - $200	
JT	Van Guard Energy Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P
	Windsor II Stocks	$50,001 - $100,000	DIVIDENDS	$1,001 - $2,500	
	PA Tax Free Fund, Insured Long Term Bond	$15,001 - $50,000	Other: (tax free income)	$201 - $1,000	P
	VMMR Prime Money Market Fund	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Tim Holden

	VanGuard High Yield Corporate Fund	$50,001 - $100,000	DIVIDENDS	$2,501 - $5,000	P
SP	Schuylkill County Employees Retirement System	$15,001 - $50,000	N/A	N/A	N//A
	UIT First Trust	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
	CitiBank Bank Deposit Program (SmithBarney)	$15,001 - $50,000	INTEREST	$1 - $200	
	Agere Systems	$1 - $1,000	N/A	N/A	
	Sovereign Bankcorp, Inc.	$1,001 - $15,000	DIVIDENDS	$1 - $200	S
	Lucent Technologies	$1 - $1,000	N/A	NONE	
	Pimco Commodity Real Return Strategy FD CL C (SmithBarney Citigroup)	$1,001 - $15,000	DIVIDENDS	$1 - $200	P

SCHEDULE IV - TRANSACTIONS

Name Tim Holden

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Vanguard Money Market	P	2-20-04	$1,001 - $15,000
JT	VanGuard High Yield	P	2-19-04	$1,001 - $15,000
JT	PA Tax Free Fund, Insured Long Term Bond	P	2-19-04	$1,001 - $15,000
JT	VanGuard Energy Fund	P	2-19-04	$1,001 - $15,000
JT	Pimco Commodity Real Return Strategy FD CL C SmithBarney Citigroup	P	12-31-04	$1,001 - $15,000
JT	Soverign Bank Corp	S	04-20-04	$1,001 - $15,000
	UIT First Trust	S	6-30-04; 07-20-04	$1,001 - $15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Tim Holden

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
American Association of Railroads	Nov. 7-10	Harrsiburg, PA -Florida - Harrisburg	Y	Y	Y	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2005 MAY 27 AM 10: 37
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only) MC

Rush D. Holt
(Full Name)
PO Box 782 Pennington NJ 08534
(Mailing Address)
Daytime Telephone 609-737-2343

Filer Status	[X] Member of the U.S. House of Representatives — State: NJ District: 12	[ ] Officer or Employee — Employing Office:	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Rush Holt	May 26, 2005

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	University Medical Center at Princeton	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 2004	$2,000
XYZ Magazine	Article	Aug. 13, 2004	$500
NA			

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Name Rush Holt | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investment(s)), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction (P, S, E)
SP, DC, JT	*Examples:* SP Mega Corp Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
JT	Wachovia Bank Accts.			X												X							X									
JT	Bank America Accts			X												X						X										
JT	Charter One Bank Accts			X												X						X										
JT	Rental House Rocky Hill Rd Pennington NJ						X								X								X									
	Rental Cabin Ausable Forks NY						X								X						X											
JT	Congress. Credit Union			X																	X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rush Holt

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction P, S, E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	
	Vanguard Retirement Fnd	E	DIVIDENDS, CAPITAL GAINS	I NA	
	TIAA/CREF	F	DIVIDENDS, CAPITAL GAINS	I NA	
	Federal Retirement Fnd	F	DIVIDENDS, CAPITAL GAINS	I NA	
	Froelich Land Trust	F	RENT	III	
SP	Fidelity IRA	C	DIVIDENDS, CAPITAL GAINS	I NA	
SP	Fidelity 403(b)	F	DIVIDENDS, CAPITAL GAINS	I NA	
SP	Prudential 403(b)	C	DIVIDENDS, CAPITAL GAINS	I NA	
SP	TIAA/CREF	G	DIVIDENDS, CAPITAL GAINS	I NA	
SP	Farm Share Amity OR	F	Other Type of Income: FARM INCOME	VI	

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SCHEDULE IV — TRANSACTIONS

Name Rush Holt

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
	NA														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NA											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290
	NA	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	Aspen Institute	2/16-2/21	Newark NJ-Cancun Mexico-Newark NJ	Y	Y	Y	0
	Southern Utah Wilderness Assoc.	5/23-5/28	Newark NJ- Kanab, Utah-Newark	Y	Y	Y	0

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Bd of Trustees	Family + Children Services of Central NJ
Bd of trustees	M'Carter Theater
Bd of Trustees	Population Resource Center

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N A	

Use additional sheets if more space is required.

HAND DELIVERED

2005 MAY 16 PM 6:07

MC

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

Michael M. Honda
(Full Name)

6154 alley Glen Drive San Jose, CA 95123
(Mailing Address)

202-225-2631
Daytime Telephone:

(Office Use Only)

Filer Status: ☑ Member of the U.S. House of Representatives — State: CA District: 15 ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Michael M. Honda	5/16/05

1810

SCHEDULE I - EARNED INCOME

Name Michael M. Honda

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Oak Grove School District San Jose, CA	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael M. Honda

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Parcel #0420271130000 Co. of San Bernadino	$1,001 - $15,000	n/a	NONE	
JT	Keystone/Evergreen Small Co. Growth A	$1,001 - $15,000	DIVIDENDS	$5,001 - $15,000	
JT	Fidelity Advisor Funds (Equity Growth Class T)	$15,001 - $50,000	DIVIDENDS	$2,501 - $5,000	
JT	Fidelity Advisor Funds (Growth Opp. Class T)	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	American Life Financial Ins. Co. and Annuity	$50,001 - $100,000	n/a	NONE	
SP	American Financial Life & Annuity Insurance Co.	$1,001 - $15,000	Other: Unrealized gain	$5,001 - $15,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael M. Honda

SP	California State Teachers' Retirement System	$50,001 - $100,000	n/a	NONE
SP	Sun Life of Canada	$1,001 - $15,000	Other: Unrealized Gain	$201 - $1,000
	Sun Life of Canada	$15,001 - $50,000	Other: Unrealized Gain	$1,001 - $2,500
JT	Provident Central Credit Union	$15,001 - $50,000	INTEREST	$201 - $1,000
	The Golden 1 Credit Union	$1,001 - $15,000	INTEREST	$201 - $1,000
	International County/City Managers Assoc.	$50,001 - $100,000	Other: Deferred Income	NONE
	California Public Employees' Retirement System	$15,001 - $50,000	n/a	NONE
	California State Teachers' Retirement System	$100,001 - $250,000	n/a	NONE
	American Financial Life & Annuity Insurance Co.	$50,001 - $100,000	Other: Unrealized Gain	$2,501 - $5,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Michael M. Honda

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
American Legacy Foundation	July 9-11	Wash., D.C.--Miami, FL--Wash., D.C.	Y	Y	N	None
The Carter Center	June 30-July 8	San Francisco, CA--Jakarta, Indonesia--Wash., D.C.	Y	Y	N	None

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 PM 6:40

(Office Use Only)

Darlene Hooley
(Full Name)

P. O. Box 565 West Linn, OR 97068
(Mailing Address)

202-225-5711
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representative	State: OR District: 05	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15) ☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	**Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?**	Yes ☐ No ☑
Exemptions--	**Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?**	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Darlene Hooley	5/16/05

1815

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Darlene Hooley

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Fidelity Investment	$1,001 - $15,000	Divdends/Interest	$1 - $200	
Portland Teachers Credit Union	$1,001 - $15,000	Interest/	$1 - $200	
ING	$100,001 - $250,000	Retirement	N/A	S
Westport Oil	$1001 - $15,000	Royalty	$201 - $1,000	
PERS	None	N/A	NONE	
Wedbush C/F IRA	$50,001 - $100,000	Retirement	N/A	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Darlene Hooley

	Wright-Patman Congressional FCU	$1 - $1,000	INTEREST	$1 - $200	
	American Express IRA	$100,001 - $250,000	Retirement	N/A	P

SCHEDULE IV - TRANSACTIONS

Name Darlene Hooley

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	American Express IRA	P	05/26/04	$100,001 - $250,000
	ING	S	05/11/04	$100,001 - $250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Darlene Hooley

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
American Bankers Association	Feb. 5-6	Washington, DC - Ft. Lauderdale, FL - Washington, DC	Y	Y	N	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 MAY 16 PM 4:04 MC
(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

John Nathan Hostettler
(Full Name)

1214 Longworth Building Washington, DC 20515
(Mailing Address)

202-225-4636
Daytime Telephone

Filer Status: ☑ Member of the U.S. House of Representatives — State: IN — District: 08 ☐ Officer Or Employee — Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☑	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

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Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	John N. Hostettler	05/16/05

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Nathan Hostettler

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
JT	Boeing Co. Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Edison International Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Exxon Corp. Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	General Electric Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	RAI Stock	$1 - $1,000	DIVIDENDS	$1 - $200	
JT	Bristol Myers Stock	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Nathan Hostettler

JT	Key Corp. Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	IBM Stock	$15,001 - $50,000	DIVIDENDS	$201 - $1,000	

SCHEDULE V - LIABILITIES

Name John Nathan Hostettler

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Evansville Teachers Federal Credit Union	Visa Credit Card	$15,001 - $50,000
JT	First Union Bank, NA	Mastercard Credit Card	$15,001 - $50,000

7

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2005 MAY 16 PM 4:14
(Office Use Only)

STENY H. HOYER
(Full Name)

H-306, THE CAPITOL, WASHINGTON, D.C. 20515
(Mailing Address)

Daytime Telephone: 202-225-3130

Filer Status	☒ Member of the U.S. House of Representatives	State: MARYLAND District: 5th	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Steny H. Hoyer	5/11/05

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
STATE OF MARYLAND	LEGISLATIVE PENSION	18,306.24

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	$1 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	Block D: None	$1 – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	Block E: P, S, E
SP	Examples: SP Mega Corp. Stock					X								X										X								
DC	Examples: Simon & Schuster		Indefinite																	Royalties									X			P
JT	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
	KEOGH - LEGG MASON	(HOLDINGS LISTED 1-4 BELOW)																														
	1. MUTUAL FUND							X						NO INCOME IN '04																		
	2. BERKSHIRE INCOME REALTY, INC			X										X									X									
	3. TELKONET, INC.						X							NO INCOME IN '04																		
	4. MONEY MARKET		X													X						X										
	CONG. FED CREDIT UNION			X												X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STENY H. HOYER

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	MASS. CASH MGMT.	B X	INTEREST X	II X	
	LEGG MASON MONEY MARKET	C X	INTEREST X	II X	
	DIGITAL ANGEL STOCK	D X	NO INCOME IN '04		

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name STENY H. HOYER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–04		X								
	TELKONET STOCK (WITHIN KEOGH PLAN)	X			8-5-04		X								
	MUTUAL FUND (within KEOGH PLAN)		X		8-12-04		X								

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–11	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	2 Days
	CONFEDERATION OF INDIAN INDUSTRY	JAN 5-9	WASH, DC - DELHI - AGRA, INDIA - WASH., DC	Y	Y	N	N
	DEMO LEADERSHIP COUNCIL	MAR 25-28	WASH., DC - JACKSONVILLE, FLA. - WASH, D.C.	Y	Y	N	N
	NAT. ASSOC. RECORDING ARTS AND SCIENCES	APR 19	WASH, DC. NASHVILLE - WASH	N	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
MEMBER	ST. MARY'S COLLEGE BOARD OF TRUSTEES
MEMBER	NAVAL ACADEMY BOARD OF VISITORS

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2005 98-729 (mac)

Use additional sheets if more space is required.

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2005 MAY 16 PM 2:48

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A For use by Members, officers, and employees

Kenny Charles Hulshof
(Full Name)

24 Bingham Road Columbia, MO 65203
(Mailing Address)

202-225-2956
Daytime Telephone

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives	State: MO District: 09	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑	
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐	
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐	
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Kenny C. Hulshof	May 12, 2005

1831

SCHEDULE I - EARNED INCOME

Name Kenny Charles Hulshof

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Boone Hospital Center, Columbia, MO	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kenny Charles Hulshof

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	Mo. State Employees Retirement System	$1,001 - $15,000	DIVIDENDS	NONE	
JT	Bank of America, Columbia, MO	$1 - $1,000	INTEREST	$1 - $200	
JT	First National Bank, Columbia, MO	$1,001 - $15,000	INTEREST	$1 - $200	
JT	First Security State Bank, Charleston, MO	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Primevest Financial, St. Cloud, MN	$1 - $1,000	DIVIDENDS	NONE	
SP	Citistreet, East Brunswick, NJ Dreyfus S&P 500 Index	$1 - $1,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kenny Charles Hulshof

SP	Citistreet, East Brunswick, NJ Pimco Total Return Admin	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	Citistreet, East Brunswick, NJ Aim Small Cap Growth	$1 - $1,000	DIVIDENDS	$1 - $200	
SP	Citistreet, East Brunswick, NJ SSGA Money Market	$1,001 - $15,000	DIVIDENDS	$1 - $200	
SP	American Century, KC, MO Growth	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	American Century, KC, MO Ultra	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	American Century, KC, MO Value	$1,001 - $15,000	DIVIDENDS	$1,001 - $2,500	
SP	American Century, KC, MO Global Growth	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	American Century, KC, MO Life Sciences	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	
SP	American Century, KC, MO Prime Money Market	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	American Funds, San Antonio, TX Growth Fund	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	American Funds, San Antonio, TX Investment Company	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	American Funds, San Antonio, TX Capital Income Builder	$1,001 - $15,000	DIVIDENDS	$1 - $200	
DC	American Funds, San Antonio, TX Growth Fund	$1 - $1,000	DIVIDENDS	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kenny Charles Hulshof

DC	American Funds, San Antonio, TX Capital Income Builder	$1 - $1,000	DIVIDENDS	$1 - $200	
DC	American Funds, San Antonio, TX Investment Company	$1 - $1,000	DIVIDENDS	$1 - $200	
DC	First National Bank, Columbia, MO	$1 - $1,000	INTEREST	$1 - $200	
DC	First National Bank, Columbia, MO	$1 - $1,000	INTEREST	$1 - $200	
	The following 9 assets are being reported for the first time as they were accquired through inheritance	None	Other: (Please specify)	NONE	
	Prudential Financial	$1,001 - $15,000	DIVIDENDS	$1 - $200	
	Progressive Farm Credit, Charleston, MO	$15,001 - $50,000	INTEREST	$1,001 - $2,500	
	Citizen's Bank Acct., Charleston, MO	$50,001 - $100,000	INTEREST	$1 - $200	
	Certificates of Deposit, Citizen's Bank, Charleston, MO	$15,001 - $50,000	INTEREST	$201 - $1,000	
	IRA, Citizen's Bank, Charleston, MO	$1,001 - $15,000	INTEREST	$201 - $1,000	
	Delta Growers Assn., Charleston, MO	$1 - $1,000	DIVIDENDS	$1 - $200	
	MFA Oil Co., East Prairie, MO	$1,001 - $15,000	DIVIDENDS	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kenny Charles Hulshof

	KCH Hulshof Farms, Real Property, Equipment, 3550 West 220th Road, Charleston, MO	$1,000,001 - $5,000,000	Other: (Please specify) Farm Income	$15,001 - $50,000	
	Savings Bonds	$1 - $1,000	INTEREST	$1 - $200	

SCHEDULE V - LIABILITIES

Name Kenny Charles Hulshof

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Bank One	Revolving Charge Acct.	$15,001 - $50,000
JT	Progressive Farm Credit Services, Charleston, MO	Real Estate Debt	$100,001 - $250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Kenny Charles Hulshof

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $285 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Codel Shimkus	July 16-17	Wash., D.C.-Colorado Springs-St. Louis	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name Kenny Charles Hulshof

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Owner	KCH Hulshof Farms

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

2005 MAY -5 PM 4:09

U.S. HOUSE OF REPRESENTATIVES

DUNCAN LEE HUNTER
(Full Name)

2265 RAYBURN HOB
(Mailing Address)

202-225 5672
Daytime Telephone

WA, DC 20515

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Filer Status	☑ Member of the U.S. House of Representatives	State: District:	☐ Officer or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Duncan Lee Hunter	4/13/05

1840

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, or E)
SP.	SP Mega Corp. Stock	E	DIVIDENDS X		P
DC.	Examples: Simon & Schuster	Indefinite	Other Type of Income: Royalties	IV X	
JT	1st Bank of Paducah, KY accounts	F	INTEREST X	VI X	
1	50 ACRES W/2 HOUSES WARREN CTY, VA	H X			IX X	S = PARTIAL SALE
2	CABIN, WARREN CTY, VA	E X	RENT X	I X		
3	1/4 AC LOT, BEAR LAKE VT.	C X				
4	BURNED HOME, S.D. CALIF	G X	RENT 9635 VISTA VIEJAS, ALPINE, CA 91901			
5	NO ISLAND FINANCIAL CREDIT UNION	H X	INTEREST X	VI X		

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name DUNCAN LEE HUNTER | Page 3 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-04		X								
JT	SALE OF HOUSE + 5 ACRES WARREN CTY, VA		✓		2/5/04					X					
JT	SALE OF LOT WARREN CTY, VA		✓		5/11/04	X									
JT	SALE OF LOT, WARREN CTY VA		✓		10/15/04			X							

This page may be copied if more space is required.

Name DUNCAN LEE HUNTER | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	BB+T BANK OF VA *	BUILDING LOAN					X					
JT	BRITISH AIR **	REVOLVING ACCT	X									

SCHEDULE VI — GIFTS

* PAID OFF/04
** PRESENTLY $2,700 OWED

Report the source, a brief description, and the value of all gifts totalling more than $285 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $114 or less need not be added towards the $285 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$290

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	AMERICAN CONSERVATIVE UNION
PARTNER	CABIN # 2 WITH PETE GEREN ON BLUE RIDGE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2005 98-729 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

FORM A
For use by Members, officers, and employees

HAND DELIVERED

2005 MAY 16 AM 9:28

MC (Office Use Only)

Henry J Hyde
(Full Name)

2110 Rayburn House Office Building
(Mailing Address)

202 225 4561
Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: District:	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $285 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $285 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Henry J. Hyde	5-16-2005

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Illinois General Assembly Retirement	Legislative pension	7,720.92

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

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If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

BLOCK A		BLOCK B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E
SP	SP	Mega Corp. Stock					X							X										X								P
DC	Examples	Simon & Schuster			Indefinite															Royalties									X			
JT		1st Bank of Paducah, KY accounts					X									X									X							
		Congressional Federal Credit Union, Washington DC					X									X								X								
		White Federal Credit Union, Washington DC			X											X							NA/ IRA									

For additional assets and unearned income, use next page.

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